

CHEMIST & DRUGGIST

the newsweekly for pharmacy

a Benn publication

September 17 1983



Reports and
Features

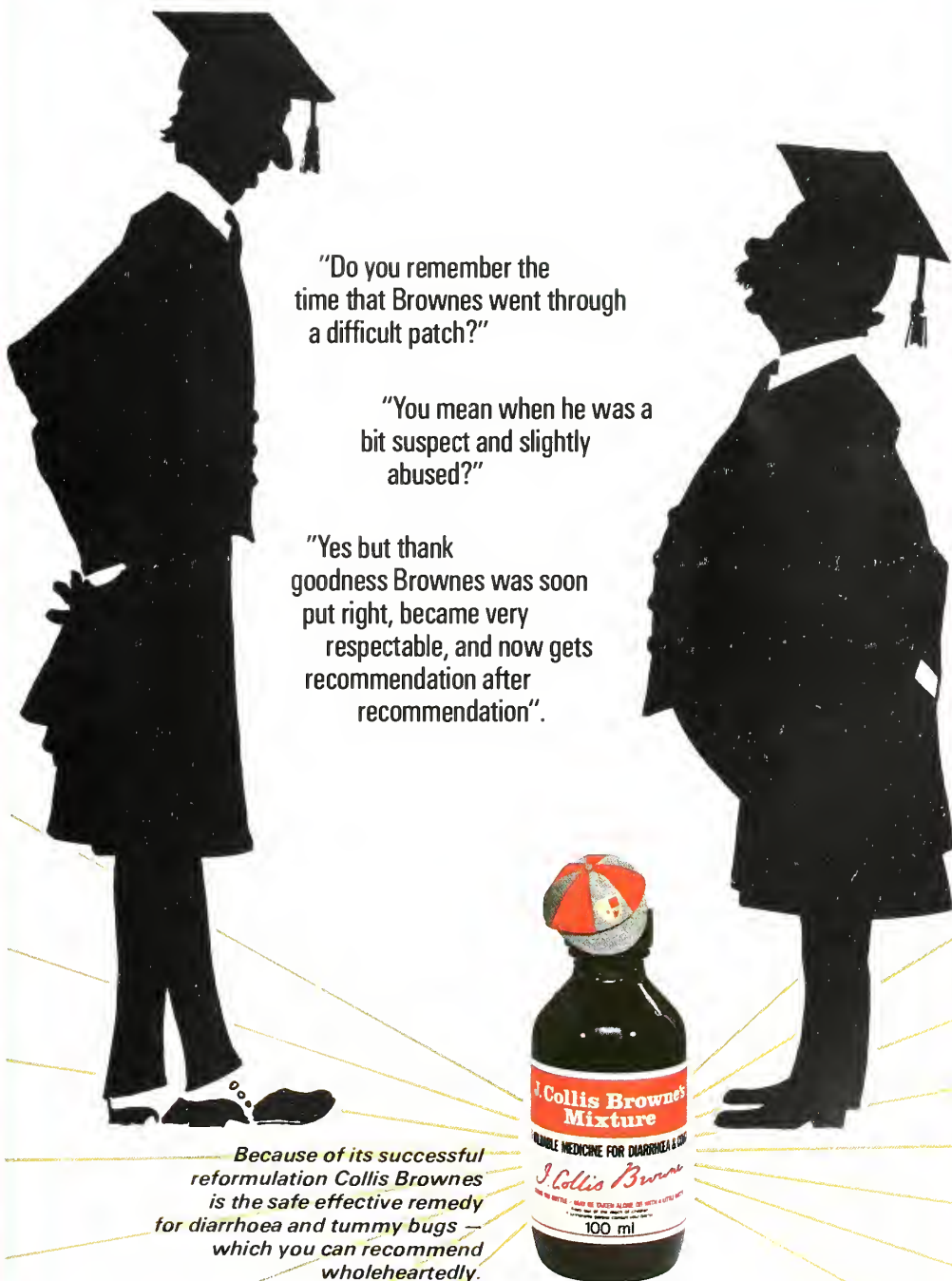
Community
pharmacies
an asset',
says Fowler

President
condemns GSL
expansion

Pharmchem launch
campaign on
behalf of
wholesalers

PS to fund
oxygen
concentrators
next year?

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Incorporating Retail Chemist

September 17, 1983

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Ronald Salmon MPS
Deputy Editor:
John Skelton BPharm, MPS
Contributing Editor:
Adrienne de Mont
BPharm, MPS
Beauty Editor:
Liz Platts BA
Editorial Assistants:
Patrick Grice BPharm, MPS
Paul Slade BA
Steven Titmarsh BPharm, MPS

Price List Controller:
Colin Simpson

Director: James Lear

Advertisement Manager:
Peter Nicholls JP
Assistant Advertisement
Manager:
Doug Mytton
Production: Shirley Wilson

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COMMENT

Platitudes

Speeches by senior Government ministers have become a feature of British Pharmaceutical Conference opening sessions and with a few notable exceptions, most contain little more than platitudes. As a result Conference audiences and those who read the Minister's words later in the pharmaceutical Press must clutch at the straws in the wind to see which way it is blowing. Hopefully the ministers weigh their words carefully — sufficiently so to allow the platitudes to be taken at face value and not merely dismissed as "kind thoughts" on a diplomatic occasion.

We particularly hope that Mr Norman Fowler, Secretary for Social Services, will defend his "kind thoughts" in the long term — specifically his support for the "network of care and advice" provided by community pharmacy and his declared intention to build on such a valuable asset. Also, in a generous reference to the current NPA publicity campaign Mr Fowler claimed to agree with the slogan "Ask your pharmacist, you will be getting good advice." Community pharmacists themselves, while basking in the praise, will of course be looking to Mr Fowler for a more enlightened approach than was apparent in the recent negotiations over the discount clawback, if his words at conference were sincere.

In fact finance was the main theme of Mr Fowler's speech and when it comes down to it, it would seem he judges the roles of the professions more by the economic efficiency of their service than by the quality of service provided to the public. References to the "co-operation" of the pharmaceutical industry in saving £25m on the drugs bill, to contractors' response to the situation, to wholesale discounts, to cost control and planning in the independent contractor services and to pharmacists' role in the formulation of "sensible drug use policies" through drug and therapeutics committees, all indicate

the line of his thinking.

But the pharmacist has much more to offer and sometimes the greatest cost savings are likely to be achieved by greater expenditure. The ideal sequence of increased use of the community pharmacist in primary health care (perhaps with the use of more effective, albeit more expensive drugs) helping to relieve pressure on the general practitioner services which in turn can reduce the burden on the high-cost hospital service, is an obvious example of that principle. But while each sector is viewed narrowly by accountants, the effect of apparent savings at the community pharmacy level will never be seen in proper context.

One thing certainly must be understood by the accountants: it is no use operating a system of pharmacist remuneration which turns any savings he makes for the Health Service into a penalty upon himself. We are not among those who argue that anything the pharmacist can make "on the side" should automatically go straight into his pocket, but there *must* be rewards for financial efficiency in the individual business, and a means of properly — generously even — remunerating those whose efforts cut prescribing costs.

Hopefully this is an opportunity for the Nuffield inquiry (C&D last week) to take a broader view and its independence should perhaps permit the Government to be persuaded from its avowed course. But even Nuffield appears to be faced with a confused situation. The Pharmaceutical Society's president, Mr Colin Hitchings, told the Conference that work is progressing on the new Pharmacy Act which will cover matters such as education and training — areas that Nuffield is specifically committed to investigating. Surely someone in Government, jointly with the profession's hierarchy, must decide which is to be the definitive examination of the professions' future — or we may end up with legislation not fitted to the roles that will best suit the nation.

Pharmacies — an asset to build upon

The network of community pharmacies is an asset on which we should continue to build, Mr Norman Fowler, Secretary of State for Social Services, told the British Pharmaceutical Conference at its opening session. He also gave his support to the Nuffield inquiry into pharmacy.

"I very much welcome last week's news of an independent inquiry into pharmacy on behalf of the Nuffield Foundation," said Mr Fowler. "I shall ensure that my Department makes available all necessary evidence and assists in its work in every possible way. And I hope that all the pharmaceutical organisations will take pains to offer all the evidence at their disposal too."

One of the main concerns of the inquiry would be the future of community pharmacy, said Mr Fowler. "The skilled and professional community pharmacist provides an invaluable source of advice and information to the public about common and non-serious ailments and their relief, as well as being the expert supplier of medicinal products. He has moreover, the advantage of being readily accessible to the public. This network of care and advice is an asset on which we should continue to build in improving the availability and increasing the effectiveness of health provision."

Mr Fowler mentioned the support given to the National Pharmaceutical Association's advertising campaign at its launch by Minister of Health, Kenneth Clarke. "I place an equal value on the contribution pharmacists will make to primary health care in the future. 'Ask your pharmacist; you will be taking good advice' is the slogan, and I agree with it."

Role development

Looking at how he saw the role of the pharmacist developing, Mr Fowler praised the "outstanding" record of the innovative sector of the British pharmaceutical industry, but pointed out that better medicines were frequently more costly. "Within an increasingly active health service pharmacists have an ever increasing responsibility to assist in the wise and cost-effective use of materials. Pharmacists have played a significant part in the formulation of sensible drug use policies through locally-based drug and therapeutics committees. I place great value on committees of this type. So far these committees have been based exclusively in hospitals. The Greenfield report advocated extending

their work into the local community services, and in the event of expansion of their role the community pharmacist too would have a vital part to play."

Mr Fowler welcomed the Society's proposals to draw up a common vocabulary on directions for the use of medicines. "For far too long the patient has been left to draw his own interpretation. Sometimes his interpretation can be seriously at variance with what is really needed. Next year's developments in the labelling of medicines could provide the opportunity to introduce consistency in directions at the same time," he suggested.

Turning to hospital pharmacy Mr Fowler said he wanted to see pharmacists take an even more responsible interest in the drug budgets of which they were usually the holders. He was also impressed by the trend to give clinical pharmacists more direct involvement in hospitals. "There are substantial differences in the way this involvement has developed throughout the country. The profession now needs to work with NHS managers and my Department to draw together the lessons from these experiences and to ensure that these changes in the pharmacist's role result in a service to patients that is as effective and efficient as possible."

Much of the first half of Mr Fowler's speech was spent justifying the financial restraints imposed on the Health Service as a whole. The NHS is not immune from

economic realities, he told the Conference, and must learn to live within the means of the nation and be able to adapt. "We must avoid the presumption that, because the service has always been provided in one way, that is the way it must be provided for ever."

The "adjustment" of health authority cash limits in July left the Service still with an increase in real terms on last year, he said. Improved efficiency has led to increases in patient throughput and reductions in the cost of each case treated. "Health authorities have an outstanding record in planning and managing the service within the cash limits set for them."

Mr Fowler did not accept that health authorities had been unfairly penalised in the recent "public expenditure exercise" for the lack of control in the Family Practitioner Services.

Discount response 'thanks'

"We are not trading off a higher than expected level of expenditure on the FPS against health authority cash limits. A substantial part of the necessary saving was achieved in the area in which you are directly concerned — the drugs will, most of which falls within the FPS budget."

"The action I took to secure, through the co-operation of the pharmaceutical industry, a £25m saving in the drugs bill this year was an essential part of that exercise. And I pay tribute to the constructive and helpful approach which was also adopted by the pharmaceutical profession. I am fully aware of the difficulties the drug price reductions faced many of you. I am grateful to you and representatives for your response to that situation and also to the problem caused by the increase in wholesale discounts in recent years."

Conference delegates filled the Logan Hall to listen to the opening address from the Society's president, Mr Colin Hitchings, and Secretary of State Norman Fowler



President condemns expansion of GSL

Mr Colin Hitchings, Pharmaceutical Society president, condemned the continuing growth of the General Sale List. He also drew Mr Fowler's attention to the threatened viability of community pharmacies and to the dispute over hospital pharmacists' out-of-hours pay.

Mr Hitchings said that the original General Sale List included "an amazing variety of herbage, possibly known to the witches of Macbeth but not so well known to medical science."

The original list had included a number of medicines for which licences of right had been granted and which were due for review after five years — but most were still there. In the past 10 years the list had been inflated by the introduction of "poly-pharmaceutical" formulations from substances in the GSL.

"A sprinkling of vitamins with an assortment of trace minerals does not make a medicine," he said. "Safe such a product may be, is it of any use? The Medicines Act came onto the statute book to protect the public, even from itself. That philosophy seems to have disappeared."

'Alarming forecasts'

Turning to pharmacy viability, Mr Hitchings said he had heard alarming forecasts about the possible fall in the number of pharmacies in the future and he hoped the Minister would keep a close watch on the situation. The smaller pharmacies depended largely on their professional work for the NHS, he said, and if remuneration for that work fell below a certain level, their viability was destroyed. He also reminded the Minister that the Society had been asking for years for Regulations to be written under Section 66 of the Medicines Act, giving statutory authority to the Guide to Good Dispensing Practice. Standards in pharmacies were particularly important to the Society as the registering authority.

On hospital pharmacists' pay, Mr Hitchings regretted that remuneration for on-call and out-of-hours services had caused so much aggravation. Everyone supported the concept that pharmaceutical services should be available 24 hours a day. Hospital pharmacists were a "very loyal and devoted band of professionals," he said. "Resolution of this issue would have many benefits all round and the service would once again forge ahead."

Another matter of concern to hospital pharmacists was that the 1982 NHS reorganisation might substantially reduce the benefits achieved by the Noel Hall and

Red Ken in drugs rally!



Mr Hutchings

Mr Livingstone

Mr Fowler

Mr Colin Hitchings, Society president, welcomed delegates to the 120th British Pharmaceutical Conference and introduced Mr Ken Livingstone, who in turn welcomed the Conference as leader of the Greater London Council. Delegates would be delighted to hear, said Mr Livingstone, that the GLC had no policy as such on pharmacies, although he thought they were a "Good Thing." Anxious as he was to leave for the SDP conference in Salford he said he would have to stay and listen to Mr Fowler, or else the Press would accuse him of snubbing the Minister. Finally he hoped his presence would not cause the conference to be blighted with headlines such as "Red Ken in drugs rally" in the Sun. Mr Fowler, in turn, said it was one of the few places he could sit side by side with Mr Livingstone, and hoped that his political career would not be damaged by comments like "Red Ken backs Fowler."

NHS reorganisations of the seventies, not only depriving patients but reducing the cost effectiveness of hospital pharmacy. Mr Hitchings believed that because each district health authority was being encouraged to "do its own thing," many would try to organise pharmaceutical services on a single district basis whereas it had been shown that the most economic scale of organisation was at supra-district level. He hoped the Minister would encourage DHAs to join together in providing pharmaceutical services.

Mr Hitchings welcomed last week's announcement of the Nuffield Foundation's inquiry into pharmacy practice (*C&D*, p408) and he was confident that the committee's conclusions would coincide with many proposals that had come from the Society in recent years. With Mr Fowler's clear support of the Nuffield inquiry "we can no doubt expect a more positive response than in the past when your Department eventually studies the committee's recommendations," he said.

College's disappointment

Mr Hitchings went on to report that the College of Pharmacy Practice now had about 700 founder or student members. The College was undertaking a number of activities to promote practice research but last year suffered its first major disappointment when it was unsuccessful in a bid to obtain financial support from the Department's research funds to establish a pharmacy practice research unit at Aston University. Such units already existed for medicine, dentistry and nursing, and the Society could not accept the logic of having no unit at all for the profession which was most vitally concerned with the use of medicines. Investigations were taking place on the possibility of support for a pharmacy

research fellow to work in one of the existing units, but Mr Hitchings felt that support for a specific unit would have been much more mutually beneficial.

Information on labels

Mr Hitchings announced that the working party on information to patients had almost concluded its work and would be reporting to the Council in the near future. He expected the working party to recommend that patients should be given more information about their dispensed medicines in the form of warnings which would be incorporated into an automatic labelling system or fixed to a dispensed medicine by the addition of a slip label. The idea was for all products in the BNF to indicate if a warning should be applied.

Mr Hitchings also reported that work was progressing well on the new Pharmacy Act. Education, training, and constitution of the governing body, and professional disciplines were all being considered. The Society would probably also need a new Supplement Charter which would involve major work within and outside the profession.

Mr Hitchings referred to the EEC Directives on free movement and right of establishment of pharmacists, which were being held up by the lack of agreement over whether geographical distribution of pharmacies should be a prerequisite in all member countries. The Society had not been able to support the prerequisite, but Mr Hitchings hinted that a solution might be in sight. Several possibilities had been suggested but some seemed to conflict with the basic requirements of the Treaty of Rome.

□ A record number of over 1,200 attended this year's BP Conference. The number of overseas colleagues — 184 — was also the largest ever.

C&D's photographer at



WELCOME TO LONDON

Pictured at the "Welcome to London" evening on Sunday are: 1. Mr Bill Yuill, Scottish Borders, Miss Sheila Selkirk, Edinburgh, Dr Reid Lowther, Edinburgh, Dr Murray Neil, Edinburgh, Mrs Jean Lowther, Edinburgh. 2. Miss Linda Tillman, Hounslow, Professor W. Gibbons, School of Pharmacy, London, Mr E.C. Baker, Hounslow. 3. Miss June Bolton, Mr Robin Ball, Mrs Elizabeth Pearce (all Warner Lambert) together with Lord Julian, Mayfair Town Crier. 4. Dr Orest Olejnik, Loughborough, Mr Stephen Jones, Notts, Dr Kareen Palin, Notts, Dr Clive Wilson, Notts, Dr Kenneth Walters, Loughborough, Dr John Stevens, Loughborough. 5. Mr & Mrs Peter McKenzie, Northumbria (Mr McKenzie is Branch chairman), Miss Nargis Jaffer, Harrow & Hillingdon. 6. Mr Peter Ridgway Watt, Brockham, Miss Linda Fox, Derby, Miss Janette Basey, Derby





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CIVIC RECEPTION

1. The Stairway to the Stars? Not quite, but definitely to an enjoyable evening at County Hall on the Thames South Bank.
2. From Northern Ireland, Mr T.I. O'Rourke, Mr J. Chambers, Mrs Catherine O'Rourke, Mrs May Gray, Miss Margaret Watson, Dr Eileen Scott, Mr R. McMullan.
3. What better chance for a debate than seated in the GLC council chamber? .
4. and 5. A warm welcome from Greater London Council chairman Mr Harvey Hinds to Mr B. Kirkwood, Dunfermline, and Mrs A. Lightfoot, Carlisle



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FOR BACK PAIN

PSNC to seek equal charges treatment for contractors

The Pharmaceutical Services Negotiating Committee is to ask the Department of Health that all preparations which may be personally administered by doctors at no charge to the patient should also be free of charge when ordered through pharmacies.

Concern was expressed by the Committee at last month's meeting at the Minister for Health's recent decision to remove all prescription charges for items personally administered by doctors, thus including dispensing doctors in the arrangement for the first time. The number of these items has risen from 6,729 in 1973-74 to 734,402 in 1981-82. PSNC says the new arrangements can only act as a strong disincentive to patients to use the pharmaceutical service.

Strong objection

The reason given for the decision was to remove the previous anomaly whereby the absence of prescription charge was restricted to prescribing doctors. The Committee objected most strongly to the extension of the arrangements to dispensing doctors with no corresponding extension to supply through pharmacies. **Rational location.** PSNC is conducting a survey into areas where new pharmacies might be needed. The Committee has agreed that an approach can be made to Community Health Councils in appropriate areas in the light of information received from Local Pharmaceutical Committees. **Post-coital contraception.** PSNC is to write to the Family Planning Information Services pointing out that it considers the supply of post-coital contraceptives should be made through pharmaceutical channels (eg not directly by GPs). **Pharmaceutical pack sizes.** LPCs are to be encouraged to discuss with Family Practitioner Committees and with Local Medical Committees the prescribing of medicines by twenty-eight day periods and the use of the treatment period box on form FP10. **Association of New Pharmacies.** The Basic Practice Allowance meeting between representatives of the Association and representatives of the PSNC will take place on September 28. **PSNC constitution.** The procedure for calling emergency / special meetings has been amended. The constitution now reads: "Emergency / special meetings: The secretary of the Committee shall if requested so to do by not less than 25 per cent of the members of the Committee summon an emergency / special meeting of the Committee stating the time and place of the meeting and the objects for which it has been summoned." **Returned scripts.** PSNC is to ask the Prescription Pricing Authority that scripts returned to contractors for

elucidation prior to August 1 should be exempt from the discount surcharge and, in addition, that the prices paid would not be subject to the 2½ per cent price reduction.

Clawback: 'Post-1980' appeal to PM

The Prime Minister has been asked to intervene on behalf of new pharmacy contractors "in the name of reason and fair play," by Peter Hulme, chairman of the new Post-1980 Contractors Committee (*C&D*, September 10, p409). Mr Hulme reminds Mrs Thatcher of the £53m to be deducted from contractors' remuneration over a two-year period, the larger part to be clawed back over the first five months. He continues: "Putting aside for the moment the severity of the terms of the clawback, our immediate concern is that pharmacists who bought or set up retail pharmacy businesses during this period will find themselves having to pay back the debts of their predecessors (or, in the case of new pharmacies, having to "pay-back" totally fictitious debts). These debts will amount to, on average, an estimated £5,500 per pharmacy." Many new pharmacies will not survive this hardship, imposed as it is at the start of their business careers, Mr Hulme says. "Our own negotiators and other authoritative bodies within the profession



Peter Boardman, assistant secretary to the Pharmaceutical Services Negotiating Committee, helps Miss B.J. Richardson, supervisor at the Central Checking Bureau, cut her retirement cake. Miss Richardson retired on August 31 after 30 years at the CCB, 17 years as supervisor; she has been succeeded by Mrs K.M. Allen

are, for reasons better known to themselves, either unwilling or unable to take up our cause and we have therefore been forced into action on our own behalf." ☐ Mr Hulme says their solicitor is to instruct Queen's counsel this week to obtain an injunction stopping clawback from post-1980 contractors. And he asks that contractors' £20 cheques to support this action "keep pace with their promises".

Script statistics for England and Wales

England	May 1983	May 1982	Wales	May 1983	May 1982
Total number of prescriptions	25,920,323	24,809,273	Total number of prescriptions	2,005,260	1,957,940
Total cost £	107,147,999	93,800,829	Total cost £	8,004,503	7,098,414
Total oxygen payments £ (inc in total cost)	651,772	555,797	Total oxygen payments £ (inc in total cost)	90,406	69,751
Average net ingredient cost	346.64p	312.71p	Average net ingredient cost	331.95p	297.26p
Average discount	(19.50p)	(16.91p)	Average discount	(18.74p)	(16.10p)
Container allowance	3.80p	3.80p	Container allowance	3.79p	3.79p
Average fee	40.70p	40.49p	Average fee	40.75p	40.72p
Average on cost	39.22p	35.75p	Average on cost	36.91p	33.32p
Average total cost	410.86p	375.84p	Average total cost	394.66p	358.99p

Cumulative prescription statistics — period January 1 to May 31, 1983				
England	1983	1982	+ / -	%
Total number of prescriptions	130,008,921	129,749,903	+ 339,018	0.26
Total cost £	524,173,833	469,646,080	+ 54,527,753	+ 11.61
Wales	1983	1982	+ / -	%
Total number of prescriptions	10,184,233	9,891,699	+ 292,534	+ 2.96
Total cost £	39,446,880	34,855,848	+ 4,561,032	+ 13.07

Calsynar recall

Armour are recalling Calsynar injection (2ml/400iu), batch number GA5006. Contractors are asked to return the injections for credit to their local wholesalers who will in turn be credited by the company.

Four reports have been received by Armour from an overseas market of a transient fall in blood pressure immediately following an injection of Calsynar from this batch. They say that although this is an atypical event and a causal relationship has not been shown, Armour consider it "prudent" to recall this specific batch.

Oxygen concentrators through Family Practitioner Services?

There is a chance that oxygen concentrators could be funded from family practitioner services budgets early next year, according to DeVilbiss Health Care UK Ltd. The precise method of funding, however, is not yet known.

At present, supply under the NHS is through hospitals only, whose "closed" budgets place limits on the numbers available. Mr G.D. Rose, DeVilbiss general manager, told a Press conference last week that a study being carried out in the North Western Regional Health Authority is likely to recommend funding changes so that oxygen concentrators will be prescribable through the more "open-ended" family practitioner budgets and therefore be more freely available.

The study, sponsored by the Department of Health, has investigated the reliability, back-up services and cost-effectiveness of concentrators as an alternative to cylinders, and a report is expected within the next few weeks. Because DeVilbiss have been closely involved with the study, Mr Rose knows that the findings on back-up services and cost savings have proved favourable.

It is understood that concentrators are unlikely to be available on form FP10 because they will probably need a consultant's authority. There may be some other means of transferring extra money to hospital budgets. The Department of Health is declining to comment until it has studied the report.

Heavy use only

Concentrators are recommended only for heavy users of oxygen, that is, those patients who need therapy for at least 12-14 hours a day. But for these patients, concentrators are better than cylinders in terms of convenience and cost-effectiveness, DeVilbiss say. They calculate that it costs at least £3,000 a year to supply oxygen in cylinders to a patient needing therapy for 10 hours daily and the figure rises to £4,500-£5,000 for 14-15 hours treatment daily. The company's latest concentrator costs £1,295 and includes servicing the first year; electricity brings the cost to £1,500. Subsequently the running costs reduce to about £250-£300 a year and the equipment has a useful life of 10 years.

The company has just introduced a Mini DeVo₂ version which is smaller and quieter than its previous models.

About 300 concentrators are already in use. Some 400,000 patients in the UK are on oxygen therapy and it is thought that about one-tenth could benefit from concentrators.

At present DeVilbiss deliver directly to the patient's home and provide all the training needed. Mr Rose, himself a pharmacist, told *C&D* that pharmacists

could still be involved in supplying the equipment but he was unable to give further details. Pharmacists became well acquainted with the needs of their patients on oxygen therapy, he said.

If these patients were to move over to concentrators, pharmacists could still provide considerable support as members of the health care team. Remuneration and the precise nature of this support would have to be agreed between the Pharmaceutical Services Negotiating Committee and the DHSS."

Back-up oxygen cylinders would still be needed in case of power failures.

Meanwhile, the PSNC has written to the Department of Health saying it wishes to be consulted on any proposals resulting from the study. If the Department decided it was feasible to supply concentrators through the family practitioner services, PSNC would insist on pharmacists being involved.

British Oxygen have already said they plan to supply users of domiciliary oxygen with concentrators if the trial decides in favour of them (*C&D*, July 23, p137).

CPP membership and awards

Members of the Pharmaceutical Society who wish to take the Part I practitioner membership examination of the College of Pharmacy Practice in October 1984 must become a student member before the end of October this year.

This is because it is necessary to be a student member of the CPP for 12 months before taking the examination. The annual fee is £8 — students are also required to fulfil the continuing education conditions of the College.

Applications for the 1984 Geistlich Chester award are invited on one of three topics:

- ☐ Investigations into the positive contributions which a pharmacist can make to rational and cost-effective prescribing and treatment in hospitals.
- ☐ Investigations associated with clinical liaison between pharmacists and doctors in relation to (a) bowel rest, and (b) use of hydrogels.
- ☐ Parental feeding and its related clinical, nursing and biochemical involvements.

The award will cover any relevant costs up to £1,000 and can include an amount to cover the cost of spending a short residential period away from home to compile the results into a draft paper for publication.

The 1984 Vestric travel award is open to registered pharmacists. Its purpose is to support an overseas visit, normally of

about one week, to undertake a study which will be of direct relevance to community or hospital pharmacy. The applicant will be required to prepare a report and present it to an open meeting arranged by the College.

The award will be up to £1,000 and cover travel and accommodation, and locum fees where applicable. The recipient will be announced during January and the visit will be expected to take place before August — the report will be presented in November.

The College will, if necessary, provide assistance in the preparation of applications. Forms from the secretary, the College of Pharmacy Practice, 1 Lambeth High Street, London SE1 7JN.

Debendox victory in US court

A US Superior Court judge has overturned the verdict awarding \$750,000 (£500,000) in compensatory damages against Merrell Dow Pharmaceuticals in a case alleging that its drug Bendectin (Debendox in the UK) caused birth defects in a 12-year-old Mary Oxendine (*C&D* June 11, p1097).

In a statement issued last week the company said this ruling eliminates another trial for punitive damages.

The Judge, Joseph Hannon of the Superior Court of the District of Columbia, said in support of her (Oxendine) case the plaintiff relied on four principal grounds. Firstly that the structural activity of Bendectin included an antihistaminic component and that certain antihistamines have been determined to be teratogenic in some animals. The plaintiff also relied on animal studies, *in vitro* studies done at the Institute of Health, and human epidemiological data. The judge said: "It is clear to the court from a review of the evidence adduced at the trial of this action, that no conclusion one way or the other, can be drawn from any of the above relied upon bases respecting whether Bendectin is a human teratogen. And it is clear from the evidence that the plaintiff has failed to prove that use of Bendectin by her mother proximately caused her birth defect.

On August 15 the US court upheld a 1981 verdict on favour of the company relating to the Mekdeci case in Florida.

Biggest increase

The number of registered pharmacies increased by 23 in August to 10,890 — the biggest rise this year.

In England (excluding London) there were 18 additions and eight deletions. London showed an increase of nine with no deletions. Scotland added four with five additions and one deletion, and in Wales there was no change with one addition and one deletion.

Pain relief that is built to last

Good news for those of your customers for whom pain is part of everyday life. Many could benefit from the anti-inflammatory power of aspirin, power that paracetamol cannot offer, if it were not for the potential effects of aspirin on the gastric mucosa.

New Duralin provides up to six hours' relief from pain and inflammation. Yet each two-tablet dose contains, in addition to 1000mg aspirin, 450mg of antacid. This not only speeds absorption but also reduces acidity, making Duralin kinder to the stomach than plain aspirin.

New Duralin has been developed by Bristol-Myers, one of the world's top ten pharmaceutical companies. Duralin comes in solid dose form (tablets and capsules) because research shows that that's what your customers prefer.

Duralin is a new dimension in long-lasting pain relief to add to your armoury. Bristol-Myers will ensure that your customers are made aware of where the enduring power of Duralin can be found: in their local pharmacy.



New
Extra Strength
Duralin *



BRISTOL-MYERS PHARMACARE*

Bristol-Myers Pharmacare, Bristol-Myers Pharmaceuticals, a division of Bristol-Myers Co. Ltd.
Station Road, Langley Slough SL3 6EB

* Trademark. Authorised User Bristol-Myers Co. Ltd. ©1983 Bristol-Myers Co. Ltd. DUR 02



Influvac – Britain's most widely prescribed influenza vaccine*

Influvac is now formulated as a sub-unit vaccine which means greater patient acceptability. Available in the unique, pre-filled Mini-Cartrix syringe, **Influvac sub-unit** gives up to 12 months' protection against current strains of influenza.

SUB-UNIT
influvac[®]
inactivated influenza vaccine (surface antigen) BP

influvac

NEW
sub-unit vaccine for
greater acceptability

Presentation Disposable syringes, ampoules and multi-dose vials containing inactivated influenza vaccine (surface antigen) BP. The product contains appropriate quantities of the A and B strains currently recommended by WHO. Available in packs of 0.5 ml syringes, 0.5 ml ampoules, 5 ml and 25 ml vials. Basic NHS price £2.75, £2.75, £2.25, £1.18, £1.18. **Indications** Prophylaxis of influenza. **Dosage and Administration** Adults and children (over 13 years) 0.5 ml, followed by a second dose of 0.5 ml after an interval of 4-6 weeks, unless previously primed with H.N. antigen in which case one dose of 0.5 ml is sufficient. To be given by intra-muscular or deep subcutaneous injection after allowing the vaccine to reach room temperature. It is recommended that the contents of multi-dose vials are used within 4 hours of opening, using a fresh needle and syringe for each patient. **Contra-indications, Warnings, etc** **Contra-indications:** Persons with hypersensitivity to eggs, chicken protein or feathers and influenza viral proteins should not be vaccinated. Immunisation should be postponed in patients with febrile illness. **Precautions:** Neurological disorders such as encephalomyelitis and neuritis after influenza vaccination have rarely been reported. An association has not been demonstrated except in the case of the Guillain Barre Syndrome (USA mass vaccination programme 1976). The vaccine contains a maximum per dose of 0.00625 IU polymyxin and 0.00625 µg neomycin. Use with caution in patients hypersensitive to these antibiotics. **Side-effects:** Local effects, such as transient erythema and swelling at the site of injection may occur. Systemic effects such as pyrexia, fatigue and headache may also be experienced. Reactions of both types can be expected to occur only rarely and less frequently than those associated with the administration of whole virus vaccines. **Product Licence Number** 0512/0055. Further information is available from Duphar Laboratories Limited, Gaters Hill, West End, Southampton, SO3 3JD. Tel 042-18 2281.

*National sales figures 1982.

duphar DUPHAR LABORATORIES LIMITED WEST END SOUTHAMPTON TEL 04218 2281 

Chemist fined for brand substitution

A chemist contracted to Birmingham Family Practitioner Committee was recently fined £100 on the recommendation of the Secretary for Social Services for dispensing Ceporex against a prescription for Keflex. The pharmacist had not obtained the prior agreement of the doctor to make the substitution.

The patient concerned suffered from sickness two days after beginning to take the medicine and the following day spots appeared on his body. The GP informed the patient that the medicine being taken was not what he had prescribed. The respondent firm of chemists confirmed that Ceporex had been dispensed instead of Keflex.

In oral evidence to the Pharmaceutical Service Committee, the superintendent pharmacist of the company stated that before dispensing Ceporex he had attempted to contact the patient's doctor but had been unable to do so at the time. Nonetheless, afterwards, he claimed, he had spoken to the doctor who had agreed to the substitution. He did however concede that he had not explained his actions to the patient, who felt the chemist had taken what was in effect a medical decision.

'Bulletin' compares ulcer drugs

Sucralfate is probably as effective as cimetidine for the short term treatment of peptic ulcers, according to the latest *Drug & Therapeutics Bulletin*.

However its efficacy in maintenance therapy needs further study, the *Bulletin* warns, and toxicity studies are needed in view of the appreciable aluminium absorption. Until answers to these questions are known the *Bulletin* recommends that it is best used only to heal ulcers.

Sucralfate (Antepsin — Ayerst) is an aluminium salt of sucrose octasulphate. It forms a viscous base in the acid environment of the stomach which adhere better to an ulcer base than to normal mucosa. It also binds bile acids. Binding to the ulcer site is not reduced by concomitant administration of antacids or food.

The *Bulletin* also looks at the new injectable antibiotic piperacillin (Pipril — Lederle). The *in vitro* activity of the drug suggests it could usefully replace both mezlocillin and azlocillin — both ureidopenicillins — and simplify choice. Good clinical comparisons of these antibiotics are now in progress, the *Bulletin* notes.

By Xrayser

Nuffield

There has been a ferment in the minds of pharmacists, particularly retail ones, started maybe ten years ago, about what exactly our role was in the community and the NHS. Long overdue too, since a number of us seemed to think it was enough to have passed parts A and B umpteen years ago, gaining a certificate which was a passport to a privileged type of trading. The shock when it was realised no one actually thought they owed us a living had to be seen to be believed.

But now the dust has settled, the accumulation of sparked-off thoughts has produced a willingness, I believe, to think there might be ways of serving the community which would better use our training and ability. One of the biggest hurdles I find is having the confidence to assert what we *know* when it is necessary.

Somehow we have got to find a common meeting place for GPs and pharmacists, because never have I seen a greater separation than at present. Younger pharmacists accustomed to college, university, hospital or industrial pharmacy must feel lost when faced with the isolation of most retail situations, in which their purely pharmaceutical abilities can become swamped by the multiplicity of tasks, or mortify from lack of interprofessional contact.

If this Nuffield inquiry can come up with a new framework for a more satisfying way of life for us, even though it may cost us something, then I welcome it as coming at the right time.

Contraceptives

"Large increase in sales — and scope for more." The headline last week was right, but what a change from when we hid such things in a drawer under the counter and kept a discreet oversight of the shop to rescue the poor bloke who came in and kept buying toothpaste from the shopgirl who always seemed to serve him first.

LCR have just brought out a new stand and new packaging for the products, which can only be described as in good taste . . . even attractive. The old stand by the till proved a real turnover booster and although I thought most of my regulars were geriatrics there must be life in the old town at night after all.

Guild jubilee

I read of this occasion with interest and to be frank, not a little nostalgia since I really enjoyed my days in hospital

pharmacy — for the full exercise of skills I gained and developed, and the comfortable camaraderie which held between the various professional disciplines.

Then, too, because what we did each day did not have to produce an immediate profit, we could spend the time on research and development. As a practical man I found the manufacturing side thoroughly satisfying, and still miss the quality of the life.

But the wages! As a senior, I earned only two-thirds of the pharmacy porter's salary, and eventually found the situation insupportable and reluctantly voted with my feet. So here I am, proprietor of a shop, whose demands far exceed those of my old life, but whose rewards lie in a better living and a different, yet still satisfying way of life.

Come off it?

The Editor, I hope, will be publishing (see p500 — Editor) another of those fine vigorous responses I seem to provoke from time to time. This one is from Max Wigley of Cardiff who thinks I must be out of my mind to point anyone towards an ordinary old typewriter, instead of a computer.

Of course, folk, what I was saying was . . . if you are still hand-writing labels . . . then as a starting point towards meeting the proper requirements of our profession . . . get used to typing without going to vast expense, so that when you can see how things work out you will have the skill to use a better tool. All I can say to the last line of his letter ("you try typing, with 6,000 scripts a month . . .") is how I would *like* to! Then I could afford to buy the best tool for the job!

Unions

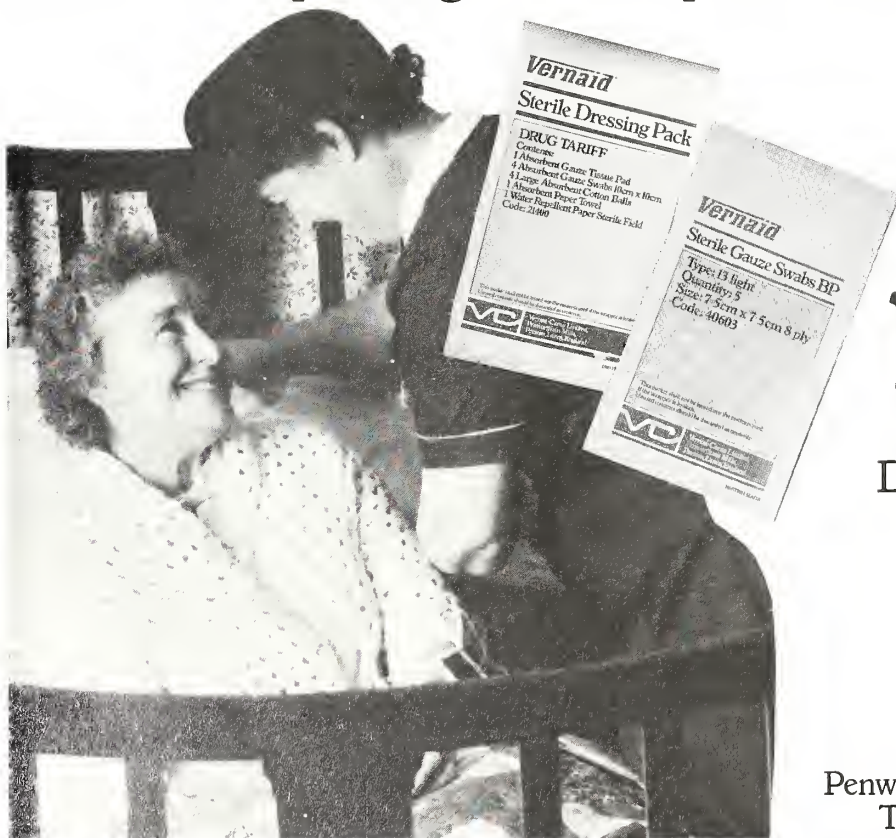
Once more, in the face of our disappointments, we see the spectre of union power raised again in the Letters column. What do we have to do? Drive a stake through its heart and sprinkle it with garlic?

Power comes from unity. Because of the way the NHS contract is held by companies or individuals (whose interests are by no means identical) there can be no strong mandate to any negotiator dealing with the terms of the contract. I think it follows then that were the contract with pharmacists only, a basis for common action would be created, from which we might hope to develop enough strength to give our negotiators what they need. Wholehearted support.

In the ward, theatre and in the home...

Vernaïd® Sterile Dressing Packs, used under the exacting conditions of hospital operating theatres and wards, have a reputation for the highest quality throughout the medical world.

The same high standards are maintained for the preparation of Vernaïd® Drug Tariff Dressing Packs for dispensing or sale to patients at home.



Vernaïd®

The leading name in Sterile Dressing Packs in the hospital and home.

From your usual wholesaler.



Vernon-Carus Limited
Penwortham Mills, Preston, Lancs. PR1 9SN
Telephone: Preston (0772) 744493/8

Tampax to test market the 'ultimate' tampon

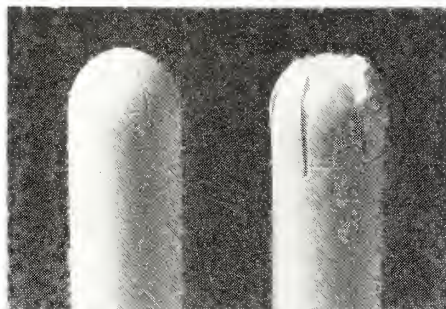
Tampax are introducing a round-tipped applicator to their Tampon range to be test marketed in a limited area from October 3. They describe it as the "ultimate" tampon system, bringing extra comfort and improving appearance of the product.

Packaging will be a variation on the present pattern, clearly labelled "new round tipped applicators". The new tampon will be available in both sizes of the regular and super variants only, at the same price as the standard product — although Tampax say they may promote it as a premium product at a later date.

Advertising will appear on a local basis in the women's Press, and there will be door to door couponing with a 15p money-off voucher redeemable in-store.

Marketing director Alan Thornton says the company has spent over two years developing its own purpose-built machinery to produce the applicators — which are completely flushable.

The company claims Tampax is the leading brand and accounts for over one quarter of all sanpro sales. It says: "It is clear that we have not only the will but also the technological capability to



Tampax round tipped applicator and clearly marked packaging in line with the present style

preserve our position in the market." *Tampax Ltd, Dunsbury Way, Havant, Hants PO9 5DG.*

Givenchy's plans for Christmas

Full page colour advertisements in a range of magazines spearhead Parfums Givenchy's £150,000 advertising and promotional campaign for Christmas 1983. It centres on the Givenchy III, Gentleman and Eau de Givenchy ranges.

Givenchy 100g atomiser cartons of Le de Givenchy, L'Interdit, Givenchy III, Eau de Givenchy, Monsieur de Givenchy and Givenchy Gentleman will have their own gift wrap. The pre-folded gold and silver wrapping paper and fancy bow is in a small acetate box attached to each atomiser.

Bathtime treats

There are two coffrets for women — a Givenchy III fragrance gift box containing perfume (7ml) and eau de

toilette (30ml) selling at £19.85, and Givenchy III bathtime gift box containing body cream (250ml), foam bath (250ml) and perfume (2ml) selling at £24.45. For men there are the Monsieur de Givenchy and Givenchy Gentleman gift boxes, both selling at £17.25 and containing eau de toilette (60ml), aftershave (60ml) and soap (100g). *Parfums Givenchy Ltd, Molesey Road, Hersham, Surrey.*

'Instantly' Trimprint

Kodamatic HS144 instant print film in single and twin packs is no longer available. Orders for it will be filled with the new Trimprint instant colour film available in same sizes and at the same price. *Kodak Ltd, PO Box 66, Hemel Hempstead, Herts HP1 1JU.*

Chemist Brokers take on four more

Four more manufacturers have recently appointed Chemist Brokers to sell into the chemist trade.

Temana International, who manufacture Vapona, Airbal, and Cooper insecticides, and have been handling their own distribution since parting with Smith & Nephew last year, are the biggest catch.

Slimcea Sweet 'n Slim artificial sweetener from Spillers will also be distributed by Chemist Brokers along with Activ-roll glucose tablets from Alma.

The fourth account to be taken on is that of Honey Farmers Ltd, the largest home producers of honey in the UK say Chemist Brokers. The company market a quality range of English and Scottish honeys. *Chemist Brokers, Milburn, 3 Copsem Lane, Esher KT10 9EP.*

Lotions for Complete Care range

Crookes have launched Complete Care hand and nail lotion in 200ml bottles (£1.16) with the same benefits as the hand and nail cream but with "a light, creamy, easily absorbed lotion".

It is available in the fragrance free and softly fragrant variants and comes packed in display outers containing 12 bottles.

The Complete Care hand and nail cream remains available and is not in redesigned packaging as was unfortunately implied in our report last week. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham.*

Button batteries

Ever Ready have introduced a new line of silver micro button cell batteries. Bar-coded, the new blister-packed button cells are available in four sizes, B-SR41H 51, (trade 35p per cell), B-SR43H 81 (trade 52p per cell), B-SR44H 84 (trade 45p per cell) and B-SR54H 73 (trade 50p per cell). *Ever Ready Ltd, Berec House, 1255 High Road, Whetstone, London N20 0EJ.*

André Philippe



Please write or phone for Coloured Brochure — Price List.

Sales—Home and Export—Ring 01-736 2194/736 2397

71/71b GOWAN AVENUE,
FULHAM SW6 6RJ, LONDON, ENGLAND

Predictor goes for 'high sensitivity'

Predictor pregnancy tests are now to be flashed "high sensitivity" to indicate that Chefaro have reformulated the brand to make it more sensitive. They say it now has a proven 98 per cent accuracy if the test is made just three days after a missed period.

The new formulation will still retail at £5.20 and will be supported by a £50,000 advertising spend between September and December, Chefaro say.

The new test is still based on the detection of the HCG pregnancy hormone in the urine. However, the test reacts

when only 125 iu's of HCG are present, making it the most sensitive test available, say Chefaro.

The results of the test are read in the opposite way to any other on the market. A ring pattern is negative and no ring is positive. In the absence of sufficient quantities of HCG in the urine the cells in the formula don't react at all and instead roll down the test tube sides and rest on the ring-shaped bottom to produce a ring which constitutes a negative result. In the presence of sufficient quantities of HCG the cells in the formula will link together and form homogenous suspension without any ring formation and this indicates a positive result. *Chefaro Proprietaries Ltd, Cambridge Science Park, Milton Road, Cambridge.*

International take on Suleo

International Laboratories are the new proprietors of Suleo shampoo, taking over all marketing and distribution rights from September 12.

Recently reformulated to contain 0.5 per cent carbaryl, the Pharmacy only shampoo will be presented as an "effective and aesthetically" acceptable alternative to lotions, for the treatment of louse infestations.

The 75ml pack will retail for £1.12 and carries the company's usual 33 per cent margin for the retailer, they say. *International Laboratories Ltd, Charwell House, Wilson Road, Alton, Hampshire.*

Fresh & Dry revamp

A re-formulated, re-packed and less expensive Fresh & Dry roll on anti-perspirant is now available from Bristol Myers.

The new lotion is claimed to give



effective and long lasting control of odour and perspiration, to be gentle and protect clothes.

Plastic bottles (50ml, £0.39) echo the design theme of the aerosol cans and answer the call from consumers for lightweight and unbreakable packs, says

the company. Variants remain the same but are identified by their own cap colour. *Bristol-Myers Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.*

High Light goes down

Jerome Russell have reduced the retail price of High Light, their home highlighting and streaking kit, to £4.99 from £6.50 per pack (trade £2.80 per pack). *Jerome Russell Cosmetics Ltd, Tanners Lane, Barkingside, Ilford, Essex.*

Siloxyl on bonus

New 100ml packs of Siloxyl suspension (£1.19) and 10 packs of Siloxyl tablets (£0.83) are on introductory bonus of 12 invoiced as 10 until October 31. The same bonus applies to Soliwx ear capsules 10 packs. Orders for these three, in whole dozens, should be sent through local wholesalers. *Martindale Pharmaceuticals Ltd, Chesham House, Chesham Close, Romford, Essex RM1 4JX.*

ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lincs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television		C4 Channel 4

Arrid antiperspirant deodorant:

Bic razors:

Denivit:

Euthymol toothpaste:

Jojoba range:

Lucozade:

Simple soap & skincare range:

Yardley ESP fragrance:

Ln, WW

All except U

Bt

Ln, C4

Ln, M, Y, Sc, A

All areas

Ln, M

All areas

Monsters bubble up from Addis

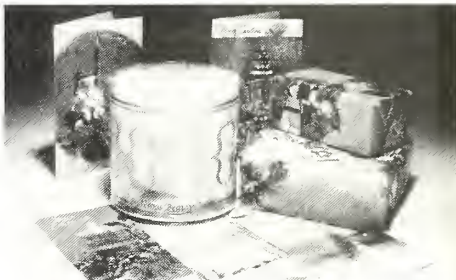
Addis are now distributing monster bubble bath (£0.93) — each bottle containing a plastic monster. There are 12 different monsters and the clear 300ml bottles come in three colours — yellow, green and red, matching both caps and the bath foam. Available in one dozen assorted packs monster bubble bath is supplied with dump bins for in-store display.

Further additions to the Addis range include satin rose bath foam with moisturiser as part of the just natural line, containing *Aloe vera* in 300ml and 500ml burgundy bottles (£0.95 and £1.35 respectively). It is described as a pearlised pink luxury bath foam.

Also available are slim styler (£1.50) — a nylon-filled brush — and red-and-white traffic cones (£1.09) that are "just like the ones found on motorways" and add to the Funtime-Toyleries children's range. *Addis Ltd, Brushworks, Hertford.*

Snodrops caskets

Wellcome are repeating their Macdonald's Snodrops beauty casket for this year's Christmas market. It is expected to sell at around £0.55.



Macdonald cotton wool pleats, handy size, are now available in 60g packs (£0.33). The 45g handy size is to be discontinued. *Macdonald & Taylor division, Wellcome Foundation Ltd, Lion Mill, Fitton Street, Royton, Oldham, Lancashire.*

Pickle it!

J. Pickles & Sons' representatives are offering a 15 per cent bonus on two dozen mouth treatment, formerly owned by Patons of Stockport.

Mouth treatment, for mouth ulcers, sore gums and denture soreness, contains tannic acid and iodoform and is packed in a one-dozen dispenser. *J. Pickles & Sons, Beech House, 62 High Street, Knaresborough, North Yorkshire.*

Sooner or later,
someone will come up
with a product that
makes conventional
anti-dandruff
shampoos obsolete.



Gillette add hairspray to Silkience range — £2.1m support promised

A hairspray under the Silkience banner completes the Gillette attack on the major haircare markets. "We are now well on our way to establishing a £20 million haircare range at retail prices by 1984," they claim.

Following on from the conditioner, shampoo and anti-dandruff shampoo launches of the past two years, the hairspray will also have substantial support in the launch year — to the tune of £2.1m. Says Bruce Tranter, marketing manager, Gillette Personal Care Division: "Silkience is now a national brand worth in excess of £12m. This remarkable success reflects a systematic strategy to enter the mainstream haircare market. With the launch of Silkience hairspray, we will achieve our objective of 100 per cent market coverage with a unique and complete Silkience range."

The hairspray market takes a 32 per cent slice of the total haircare market and comprises 68 million units worth £61 million. While 56 per cent of all women are regular users of hairspray — 64 per cent of these claiming to use hairspray on a weekly basis — Gillette point out that the market receives very little support, less than one per cent of the retail value compared with over 12 per cent in the other haircare categories.

Further research by Gillette also found that 45 per cent of all users are in the under 44 age categories leaving them to anticipate 8.8 per cent unit growth in 1984.

Mr Tanter continues: "Our market research shows that current brand similarities result in market stagnation, unnecessary discount emphasis, low support and lost retail profit. There is a clear market opportunity for a high

Gillette's new Silkience hairspray range — "Hold that lets your hair move beautifully". The company say the three variants will cover 94 per cent of consumers

product performance."

Gillette found that while Elnett was rated highly in consumer research in terms of performance and image the other brands did not score nearly so well. Their overriding conclusion was that women would pay more for a product which did not leave the hair sticky, dull or stiff but soft, shiny and able to move.

Blind tests conducted with some 800 regular hairspray users resulted in a 75 per cent overall preference and a 81 per cent confirmed buying interest. (This compares with 76 per cent for Silkience conditioner when it was launched).

Available in three variants — normal, firm and extra body and one size only 180ml (£0.95), the range will cover 94 per cent of consumers, say Gillette. Packaging carries the Silkience logo and



the copyline "Hold that lets your hair move beautifully."

To support the launch a free handbag-size offer will run on all stock. By buying two regular sized cans, consumers can send the attached stickers in and receive in return a coupon redeemable against either the handbag size or in part against the regular size.

Two merchandisers are available, the first holds eight of each of the three variants all flashed "Free handbag size" and the second, two dozen cans of the 80ml handbag size (£0.39). A £1.6 million television advertising campaign is planned to run throughout the launch year supported by couponing on a door-to-door basis and in the women's Press. *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

Yardley Gold — a winning line for men at the top?

Yardley are to launch in October a perfume aimed at "men who want to be winners;" it has a £400,000 national television campaign as support.

Yardley Gold comprises aftershave (75ml, £2.45, 125ml, £3.25), talc (100g, £1.60), splash-on (200ml, £2.75) and spray deodorant (125ml, £1.95). The perfume is described as encapsulating the spirit of winners and of sporting men who have reached the top.



The television campaign is scheduled to run from November 28 to December 12 (November 14 to November 28 in London only) and concentrates on winning sporting moments. An introductory offer of a Gold aftershave 25ml in a leather key ring pouch will be available for £1.25. *Yardley of London Ltd, Miles Gray Road, Basildon, Essex.*

Arden perfection

Elizabeth Arden are again introducing beauty perfectionists make-up kits for Christmas (£15.95). *Elizabeth Arden Ltd, 13 Hanover Square, London W1R 0PA.*

Someone has.

Now All Clear, with the remarkable new ingredient, copirox, has been proven more effective at clearing and controlling dandruff than any other leading brand.

Independent clinical tests show the revolutionary new formula also gives hair in much better condition; softer, shinier and with more body.

This means New All Clear is now unbeatable!

Not only is it faster at clearing dandruff, but even faster at clearing dandruff!

Over £2 million will be spent on long TV advertising that will give consumers in no doubt which anti-dandruff shampoo is the best.

And since it's already the fastest winning shampoo on the market, sure to leave you with All Clear fits!



OVER £2 MILLION SPEND
ON TELEVISION IN 12 MONTHS.

FROM THE BIGGEST NAME IN TOILETRIES. ELIDA GIBBS

YET PEE

Wright's Coal Tar Soap has been around for well over a century.

Every year we've put a little bit aside and now we've saved enough to mount a television advertising campaign!

Commencing on Monday 17th October we'll be spending a national equivalent of £1.2m in three TV areas (Yorkshire, TVS and London) rolling out nationally after Christmas.

As you can see we've also

WILL IT?

repackaged Wright's Coal Tar Soap to reflect a little more of its very respectable heritage. And Remember, Monday 7th October is the day. Be sure that you're sufficiently stocked up by then.





Why new Vicks ColdCare puts the other cold remedies in the shade.

- Consumers say it really does work.
- Truly effective pharmacy-only formula.
- Stunning success in test market last season – became clear brand leader of multi-symptom/decongestant tablet market.
- Grew multi-symptom market in the test area by 55% in units from November-April.
- £1,100,000 TV spend this winter.

Listen to why pharmacists and consumers believe new Vicks ColdCare is special. A tape, featuring David Bellamy, will be available from your Richardson-Vicks representative during September and October 1983.

COUNTERPOINTS

Colour Graphics from Estée Lauder

This year's Autumn "look" from Estée Lauder — Colour Graphics — imagines the face as "positive and confident, heightened by the drama of the pale face with smokey dramatic eyes and rich dazzling intense lips on a pale porcelain backdrop."

It comprises colour primer in undercover green, undercover mauve and undercover white; polished performance nail laquer in tartan red, ceramic pink, terracotta tile, claret glaze, pinked melon and liquid make-up in cool beige; automatic liquid eyeliner in ebony brown, graphite grey, navy trim and plum line; pressed eyelid shadow duo in lavender

Free loofah

On-counter offers of a free loofah pad and £1 off next purchase coupons are now available for Fenjal shower cream and creme bath respectively, while stocks last. *Jovan, Beecham House, Great West Road, Brentford, Middlesex.*

Duracell starters

Duracell are introducing a new "starter" pack scheme for Durabeam torches. The pack will include eight pocket size and three standard torches including Duracell batteries and a £2-off next purchase voucher redeemable against a case of twelve torches. *Duracell (UK), Gatwick Road, Crawley, Sussex.*

Diamond collection

"Diamonds are forever" is the new colour in Revlon's "Red Diamond" collection.

The new shade is available as frosted lipstick (£2.50), crystalline nail enamel (£1.95), colourfrost eye shadow duo (£4.25) and blush-on duet (£5.95) and, when used as an under- or over-glaze for the other products in the collection, will give the red diamond look. *Revlon International, 86 Brook Street, London.*

Dreams & scenes

Day dreams and night scenes are the two Yardley Autumn "looks." To capture the misty mood of early Autumn mornings Yardley suggest rich dawn pink lipstick, aurora beige and blue cloud eyeshadows defined with sapphire kohl and blue

blue/violet garden, pale oak/blue tile, greymist green/plumwood; all-day eye colour creme in sunny white, summer smoke, moonlit pink, peach patina, blueprint blue, and greenhouse; luscious Creme mascara in lustrous black; tender blusher in rose radiance, candlelit rose and midnight rose; perfect line-lip pencil in wineberry; re-nutriv rich lipstick in winewood and brickstone; automatic Creme Concealer in medium; automatic lipshine in quicksilver pink; automatic eyelid foundation in barely mauve; all-day re-nutriv lipstick in parallel red and pinked melon; and polished performance lipstick in ceramic pink and claret glaze.

Retail prices range from £3.75 for line-lip pencil to £14.50 for liquid make-up. *Estée Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1X 0BH.*

mascara and for the cheeks just heather blusher.

"Glamour and excitement with high spirited colours designed to team with elegant evening wear and sensational party cloths" is the Night scenes "look." For the lips there is claret frost lipstick, midnight pink and amethyst eyeshadows with matching violet kohl and mascara and just claret blusher for the cheeks. *Yardley of London Ltd, Miles Gray Road, Basildon, Essex.*

TV for Sinutab

Sinutab's (C&D September 10, p414) national launch is being backed with a £1m television campaign starting in the Winter going through to March 1984.

Warner-Lambert say the commercial, to be screened in all areas, will be seen by approximately 90 per cent of the target market and includes 30-second spots emphasising the product's double action to clear nasal sinus congestion and relieve associated headache and pain. A wide range of POS material mirrors television advertising and includes a rear-loading counter unit with consumer leaflets, showcard leaflet dispenser, giant window carton and shelf organiser. *Warner-Lambert (UK) Ltd, Southampton Road, Eastleigh, Hants SO5 5RY.*

Sebamed on display

A display pack of Sebamed soap-free cleanser, designed for counter top or shelf display is now available from A.H. Robins. Packs contain six each of Sebamed liquid 150ml and Sebamed bar 100g. *A.H. Robins Ltd, Redkiln Way, Horsham, West Sussex RH13 5QP.*

PRESCRIPTION SPECIALITIES

Novel theophylline delivery system

A novel delivery system for theophylline, designed by Professor Arnold Beckett, has been introduced by the Wellcome Foundation.

Pro-vent capsules contain theophylline pellets coated with a semi-permeable membrane which allows controlled release over 12 hours.

After swallowing the capsule dissolves quickly in the stomach releasing pellets which scatter towards the fundus. After one hour the pellets have passed into the duodenum. The pellets are designed so they do not stick together and their distribution is not influenced by food.

Water slowly penetrates the semi-permeable membrane surrounding each pellet, dissolving the drug which then diffuses out through the membrane to be released in solution. The rate of diffusion is determined by the characteristics of the membrane. The pellets release all their drug before being excreted.

This system is claimed to avoid locally high concentrations of drug thus substantially reducing or eliminating local effects causing nausea vomiting and gastrointestinal bleeding. The controlled released process is said to be more predictable and reliable than release which depends on rupture of a membrane or slow erosion of the pellet.

Pro-vent capsules

Manufacturer The Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire

Description Each capsule, coded B7C, has a white, opaque cap and clear colourless body and contains 300mg theophylline in specially formulated pellets to provide continuous therapeutic effect for 12 hours

Indications Prevention and treatment of bronchial smooth muscle constriction in patients with asthma and chronic bronchitis

Dosage *Adults:* One capsule 12 hourly
Children under 12 years: formulation not applicable

Contraindications, warnings etc Patients sensitive to theophylline or other xanthines. Use with caution in patients with heart failure, liver failure or chronic alcoholism as these may reduce theophylline clearance leading to higher serum levels. Other precautions, side effects, etc as for other preparations of theophylline

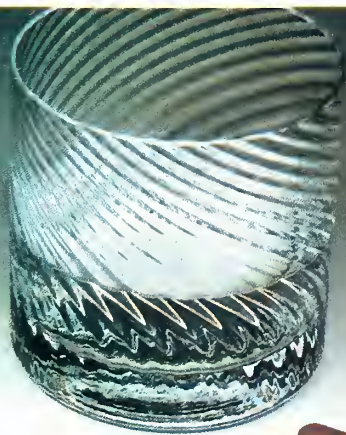
Packs 100 capsules (£7.50 trade)

Supply restrictions Pharmacy only

Issued September 1983

Continued on p478

42% MORE
ARE TAKING
YOU SHOULD
BE TAKING



WOMEN LADYCARE. COULD GET IT TOO.



More and more women of all ages are appreciating the unique range of Ladycare vitamin and mineral supplements.

So much so that volume sales have risen by a very healthy 42% in July 1983 over the same period in the previous year.

It's because more women have discovered how Ladycare's three special formulations can help - in a safe, natural, way - every day of their lives.

There's Ladycare No. 1 designed for all women of menstrual age, containing extra vitamin B6 and Iron which research has shown may be helpful to women around the time of their period.

There's Ladycare No. 2 for women who are going through the menopause, a unique formulation with Vitamin E and Ginseng specially for this stage of life.

There's Ladycare No. 3, especially for women over 50 - a comprehensive formula with extra Calcium and Iron to help ensure healthy bones and blood which is so important at this time of life.

Ladycare is the first product to meet the special needs of women at different stages in their lives.

And with a huge potential market of 17.5 million women, healthy margins and high profits, Ladycare is a natural. With all this going for Ladycare, are you taking it in your store yet?

LADYCARE
VITAMINS & MINERALS

FOR DETAILS CONTACT LEN WESTON ON BYFLEET (09323) 44402 OR SPEAK TO YOUR WHOLESALER.

Tambocor tablets and injection

Manufacturer Riker Laboratories, Morley Street, Loughborough, Leics
Description *Tablets*: white, circular, biconvex, 8.5mm in diameter with "TR100" and a breakline on one side and "Riker" on the other, containing 100mg flecainide acetate. *Injection*: each ampoule contains 15ml flecainide acetate solution, 10mg per ml, for intravenous use only

Indications For conditions listed when these are resistant to other treatment. Treatment should be initiated in hospital. *Tablets*: Chronic prophylaxis of ventricular tachyarrhythmias, unifocal and multifocal ventricular extrasystoles, atrioventricular nodal reciprocating tachycardia, Wolff-Parkinson-White syndrome and similar conditions with accessory pathway and anterograde or retrograde conduction. Can be used for maintenance of normal rhythm following conversion by other means. *Injection* indicated when rapid control or short term prophylaxis is the main clinical requirement

Dosage *Adults*: One or two tablets twice daily. Maximum daily dose is 400mg, normally reserved for patients of large build or where rapid control is required. After three to five days the dose should be progressively adjusted to the lowest level which maintains control. *Children*: Not recommended. *Elderly patients*: One tablet twice daily is usually sufficient and may be reduced after one week for maintenance therapy. *Injection*: Bolus — 2mg per kg by intravenous injection over not less than 10 minutes. Dose may be diluted in 5 per cent dextrose and given as mini-infusion. Maximum bolus dose is 150mg. Should be given more slowly in patients with sustained ventricular tachycardia with careful monitoring and given over 30 minutes in patients with a history of cardiac failure. *Intravenous infusion*: First hour, 1.5mg per kg, 0.25mg per kg thereafter. For transfer to oral dosage give one 100mg tablet and withdraw the infusion over four hours by hourly decrements of 20 per cent of the maintenance rate. An oral dose of one or two 100mg tablets is given 12 hours after the first oral dose. Oral maintenance is then continued as indicated above. **Contraindications** Cardiac failure, and unless pacing rescue is available: sinus node dysfunction, atrial conduction defects, second degree or greater atrioventricular block, and bundle branch block or distal block
Precautions Use with other class I anti-arrhythmics not recommended.

Compatible with β -blockers and oral anticoagulants. Causes plasma digoxin levels to rise by about 15 per cent which is unlikely to be clinically significant for patients with levels in the therapeutic range. Digoxin levels in digitalised patients should be measured not less than six hours after any dose of digoxin before or after administration of flecainide. Safety in pregnancy not established. May be excreted in breast milk. Electrolyte disturbances should be corrected before using Tambocor.

Side effects Most commonly giddiness, dizziness light headedness and double or blurred vision. More rarely nausea and vomiting; these are usually transient
Pharmaceutical precautions Shelf-life of tablets 2 years and injection 3 years. Injections should be protected from light. When necessary the injection should be diluted with sterile 5 per cent dextrose. If chloride-containing solutions are used it should be added to a volume of not less than 500ml, otherwise a precipitate will form

Packs Tablets 100 (£24.50 trade), injections 5 × 15ml ampoules (£15.64 trade)

Supply restriction Prescription only
Issued September 1983

Malinal tablets and suspension

Manufacturer A.H. Robins Co Ltd, Redkirk Way, Horsham, West Sussex

Description *Tablets*: White, biconvex, bevel-edge, round, peppermint flavoured, chewable tablets, scored and stamped "AHR," containing 500mg almasilate.

Suspension: White, peppermint-flavoured suspension containing 500mg almasilate in 5ml

Indications Relief of symptoms due to hyperacidity, including pain from peptic ulceration, acid reflux and gastritis

Dosage *Tablets*: Adults, chew two tablets before meals and at bedtime or when symptoms occur. *Suspension*: Adults, 10ml before meals and at bedtime or when symptoms occur

Contraindications, warnings etc Probably wise to avoid antacids in the first trimester of pregnancy. May lead to phosphate depletion syndrome, particularly in patients on a low phosphate diet. May form complexes with certain drugs, eg tetracyclines, digoxin and vitamins, reducing absorption. Magnesium salts may cause depression in the presence of renal insufficiency

Packs Tablets 120 (£6.25 trade), suspension 500ml (£3.75 trade)

Supply restrictions Prescription only
Issued September 1983

More to System 2

Squibb Surgicare are adding a closed pouch filter (30, £7.20 ex VAT-code S208) and a pouch cover medium (3, £5.69 ex VAT-code S204) to their System 2 range.

To accommodate the new closed pouch filter the closed pouches (S255-258) have been redesigned, and will be phased out and replaced by new style pouches with a crescent weld, at the same prices.

Old "S" no. **Description** **New "S" no.**

Closed pouches

S255	38mm × 30	S260
S256	45mm × 30	S261
S257	57mm × 30	S262
S258	70mm × 30	S263

Squibb Surgicare Ltd, Squibb House, 141 Staines Road, Hounslow, Middlesex.

MFV JECT Merieux influenza vaccine

Servier have received a product licence for their MFV JECT Merieux 'flu vaccine.

The product is available in three presentations: mono dose 0.5ml pre-filled syringe (£2.75), 10 dose 5ml vial (£25.15), 50 dose 25ml vial (£118.88 — all prices basic NHS). *Servier Laboratories Ltd, Fulmer Hall, Windmill Road, Fulmer, Slough SL3 6HH.*

Bronchodil respirator solution

Berlimed have introduced a respirator solution into the Bronchodil range. The solution contains reproterol hydrochloride in a concentration of 10mg/ml (50ml, NHS price £4.70. POM). More details next week. *Berlimed Pharmaceuticals, The Brow, Burgess Hill, Sussex RH15 9NE.*

Mixing Prosobee

The mixing instructions for Prosobee powder will be changed shortly. Currently Prosobee powder is reconstituted in the ratio one scoop: 60ml of water. The new instructions are one scoop: 30ml of water. New cans are identifiable by a printed overcap stating: "New mixing instructions — 1 scoop: 30ml water." *Bristol Myers Pharmaceuticals, Station Road, Langley, Slough, Berks SL3 6EB.*

SHOWRAX for the Modern Pharmacy

**FREE
OFFER**



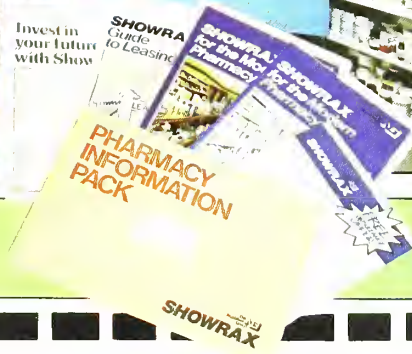
Designed for Pharmacists

To survive and prosper in the 1980's it's not sufficient to be a professional pharmacist. You need to be a professional retailer as well. Both your dispensary *and* your sales area must really work hard for you.

So when you're considering modernisation or improvements, it's important to talk to a shopfitting company which thinks as you do. And that's where we can help.

The Showrax system is designed to satisfy the needs of your sales area *and* your dispensary. Although it's made up from low-cost, factory-made modules, you can choose the exact colours, materials and layout you require to keep your pharmacy unique.

So if you're contemplating improvements, send for our Information Pack. It contains everything you need to know about pharmacy shopfitting and it's yours **FREE** by return of post.



To: Baxter Fell Northfleet Limited,
Tower Works, Lower Road, Gravesend, Kent.
Telephone: 0474-60671



Please send me my **FREE** Pharmacy Information Pack

Name

Address

Tel. No.

The
Northfleet
Group

SHOWRAX

You're looking at the new-look Durex packs for 1983.

As you can see, we've totally revamped them.

From our handy three-pack right up to the best-selling

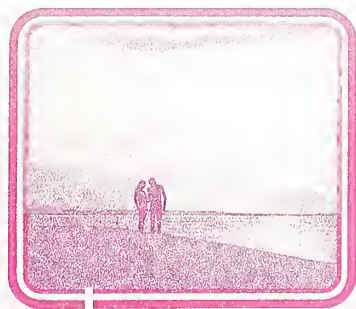
twelve-pack you see here.

And, right across the range.

They're far smarter and far more up-to-the-minute.

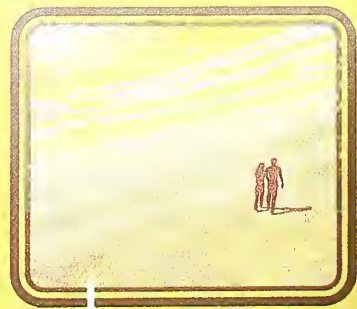
After 15 years' stout service our old packs were, we have to

Our face-lift give your



gossamer

12 PACK



durex
fetherlite
extra fine for sensitivity

12 PACK

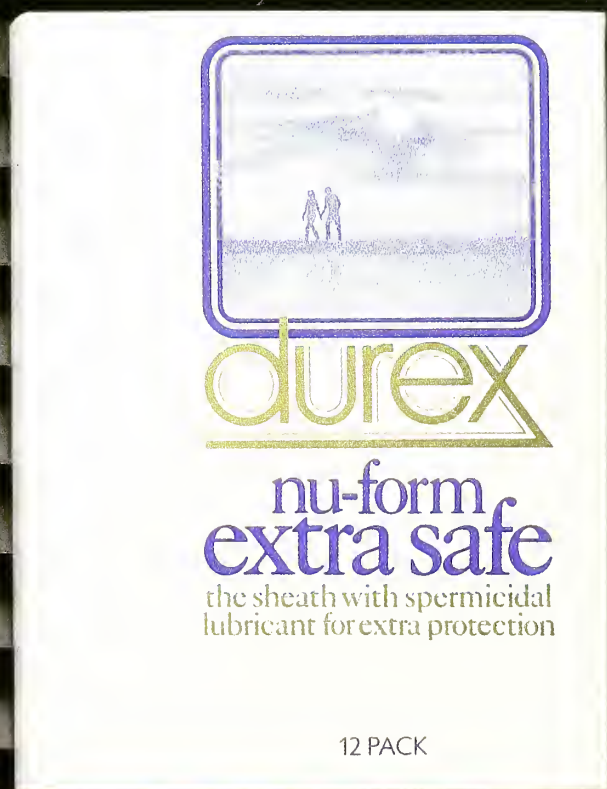
commit, beginning to look a little
up.

And, if research is anything
go by, customers will be
going to buy Durex in greater
numbers than ever.

For an impressive 84% of all
adults thought the new packs
were a vast improvement.

(While we're talking
percentages, remember, Durex
has a 95% brand share and an

it should sales a lift.



enviously high profit margin.)

But we've not just changed
the packaging.

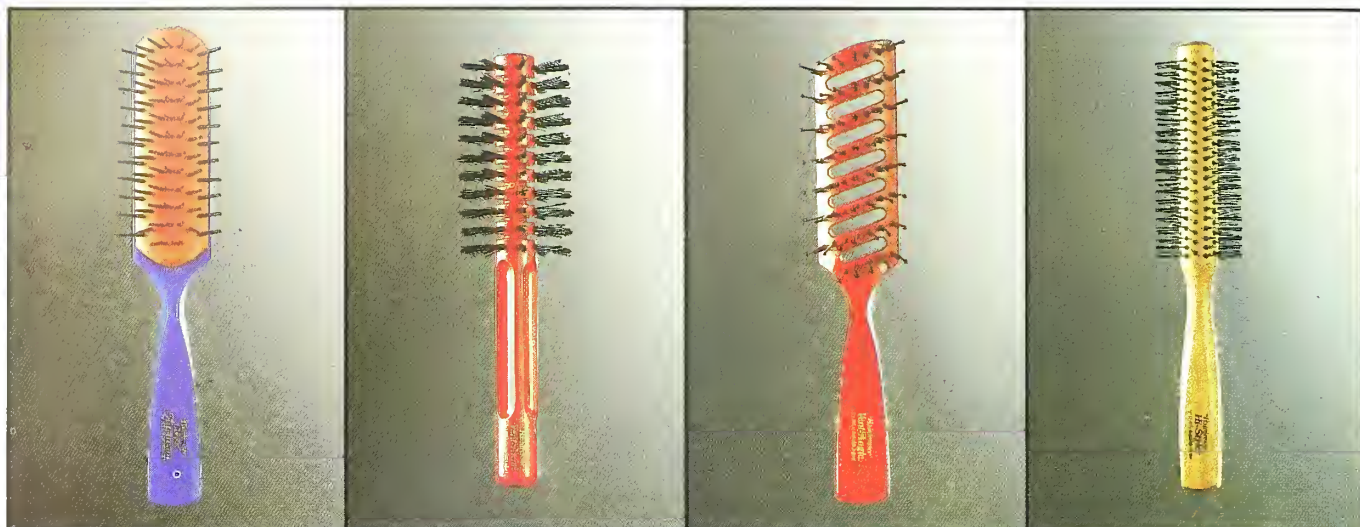
We've an exciting new advert-
ising campaign.

That means £300,000 being
spent over the next nine months
on a series of striking ads in
leading women's magazines.

Along with continuous and
extensive PR support and new
counter display unit.

The new-look Durex 1983.
We think you can't beat them
for love nor money.

Durex, Gossamer, Fetherlife, Nu-Form Extra Safe are trade marks of LRC Products Ltd



Professional all purpose styling brush

Quick styling brush

Vented design speeds drying

Curls and twists medium to long hair

**If you don't stock Addis
don't expect to sell
so many hairbrushes.**



Wet hair brush

Controls all lengths of hair

Designed for blow drying

Creates soft curls

Even our closest competitors don't come close when you look at our sales. Because for every hairbrush our nearest competitor sells, we sell at least three.

Of which a good 33% can be attributed to our premium brushes, the Addis Hairdresser range.

A unique range of sixteen top quality brushes. All designed in consultation with stylists to suit specific types of hair and hairstyle.

And because they offer such high profit margins we're sure they'll be just as popular with you as they are with all your customers.

After all, the odds are stacked in our favour.

For further information, contact: Addis Ltd, Ware Road, Hertford SG13 7HL.
Tel: (0992) 54221.



ADDIS
Caring for Health & Beauty.

Professional self-regulation the way to public confidence

The main object of any profession's code of ethics is protection of the public, speakers said during Monday afternoon's professional session. But only the professions know the best way to regulate themselves.

The code of ethics must not be a charter for promotion of the commercial interests of the profession's members, said Mr W.M. Darling, member of the Pharmaceutical Society's Council. Indirectly, a code must also protect the public image of the profession because without the public's confidence and respect no profession can act fully in the interest of patients.

As chairman of the working party which compiled the proposed new code of ethics and guidance notes, Mr Darling explained some of the thoughts behind the document. One innovation was the relaxation of advertising rules. In his paper, Mr Darling said that the Office of Fair Trading made it clear that professional codes must not hinder the dissemination of important information to the public. The working party agreed but thought the profession should still exercise some self restraint in advertising so that public confidence was not impaired.

The working party felt it was necessary to give precise specifications for some forms of publicity, but much was left to each individual's discretion because precise guidance could not be given on what was "discreet" and "dignified". The guidance notes differentiate between the professional and commercial activities of pharmacists, restricting use of the words "pharmacy" and "pharmacist" to professional services. The working party believed that use of the word "chemist" in advertising commercial activities was an indirect advertisement of professional services so it was necessary to exercise restraint not only in the use of the word "chemist" but also in the general format of the advertisements.

Two issues which had received much attention recently were parallel importing and generic substitution, Mr Darling continued. The vital factor in both issues was the pharmacist's ability to ensure the quality of the product he supplied.

The guidance notes said that: "In assessing safety and quality the pharmacist should have regard to the source, storage conditions, labels, appearance and any other available information regarding the product." This

was only one of the many instances where the code and guidance notes did not usurp the pharmacist's own final responsibility for the decisions he took. The code did not and should not provide a yes or no answer to the question "Should I buy parallel imported products?"

A pharmacist must also evaluate the quality of products purchased for dispensing when a doctor prescribed by generic name. The quality, efficacy and bioavailability of some imported generic products were open to question and it was vitally important that the quality of generic products manufactured overseas was monitored by a source independent of the foreign manufacturer, but it was recognised that the community pharmacist did not have the resources to assess quality and bioavailability.

Of parallel import

Mr Darling had heard pharmacists comment that if others were obtaining extra discounts from parallel importing, why shouldn't they? "This is a question which should not be left to the conscience of others," Mr Darling believed. Each pharmacist must weigh all the issues and judge for himself whether such activity was in the public interest.

"I accept that parallel importing can be legal, but let us never forget that the pharmacist must be satisfied as to the well being of the patient in relation to any product he dispenses." What about recall of a product which, as far as the manufacturer was concerned, was only being sold in Germany, he asked? What about a product with the same or similar name formulated differently for an overseas market, with possible problems of bioavailability and patient acceptance?

Equally, if generic substitution was introduced, the pricing structure must be such that the pharmacist retained the choice of substituted product. If the Drug Tariff price of a generic was so low that the pharmacist was forced to buy what could be an inferior product, his independence would be meaningless. The code said: "A pharmacist shall neither agree to practise under any condition of service which prevents his professional independence nor impose such conditions



on other pharmacists".

There was also the problem of over-riding the prescriber's instructions in the interests of the patient, Mr Darling went on. The guidance notes supported the pharmacist who, after careful consideration, refused to dispense a prescription but made clear that he could not just play safe and refuse to dispense. The welfare of the patient was paramount. The decision not to dispense must be the last resort and should occur infrequently, especially if the pharmacist cultivated a good rapport with the prescriber. But the final decision as to the medicine and the dose which left the pharmacy was the pharmacist's. Privilege and responsibility went hand in hand and this responsibility was one from which pharmacy could not shrink.

There was also the related question of when a pharmacist should refuse to sell a product, for example, the sale of syringes to addicts could cause problems. Again it must be for the individual pharmacist to decide whether it was better for the addict to use a sterile syringe and needle than some other unclean implement and to weigh up whether, if the sale was made or refused, the addict would be encouraged to seek medical help. With medicinal products which may be abused the working party advised that the products should be sold personally by the pharmacist.

Too many new pharmacists did not comply with minimum standards set out in the Guide to Good Dispensing Practice, Mr Darling continued. It could not be in the public interest to register defective premises and the Society must continue to press for Regulations under Section 66 of the Medicines Act to make the provisions of the Guide, or similar provisions after further debate within the profession, mandatory.

For the first time a provision on confidentiality was included in the code. If a pharmacist received a request for any data on dispensing, he must consider carefully whether supply of the information would in any way infringe a patient's right to confidentiality, and take appropriate steps to safeguard it. Before disclosing any information the pharmacist must first consider whether it was possible to obtain the patient's consent to disclosure or persuade the patient himself

Continued on p486



The Mentadent P pump, the newest toothpaste dispenser since tubes, provides the perfect amount of tooth paste.

Mentadent P is first again!
First with a gum health message, first with the handy pump dispenser!

And now, first with the comprehensive dental care range.

This exciting new Mentadent P range includes unwaxed floss, an angled mirror, adult standard and small head brushes, a child brush, interspace brush and plaque disclosing tablets.

Backed by £1m in advertising support in the first six months, with posters and press in 1983 and television in 1984, it is sure to stimulate a huge demand.

Especially since dentists have already been priming their patients with exclusive distribution of two million items this year.

So get ready for an even bigger bite of the dental care market.

Disclosing Tablets.

These new tablets dissolve more rapidly so require less chewing. Better tasting, too!

BIGGEST BRANDS ✓ **BIGGEST SALES** ✓ **BIGGEST PROFITS** ✓

More money where the mouth is.



Adult Standard Brush. A unique, multi-tufted, brush for easy manoeuvrability. Also available, are smallhead and child brushes for smaller mouths.

Floss. New Mentadent Floss effectively removes plaque from between the teeth.

Mirror. Made of plastic with high standard mirror finish. New shape allows more visibility.



Interspace Brush. Specially designed with rounded filaments and angled handle for maximum plaque removal.

mentadent
UNWAXED **FLOSS**

GIBBS DENTAL DIVISION 5014



Range. Another first for Mentadent P. An entire easy-to-stock, easy-to-sell dental care range.



FROM THE BIGGEST NAME IN TOILETRIES. ELIDA GIBBS



Continued from p483

Exercising professional rights and standards

to pass the information to the appropriate person. There could be considerable difficulties when the pharmacist felt it necessary to disclose information in the interest of the patient and he must carefully weigh the benefits of disclosure against any possible detriment. It was more difficult to decide whether disclosures should be made when the public interest, rather than the welfare of the individual patient, was involved.

Mr A.R.W. Porter, secretary and registrar, Royal College of Veterinary Surgeons, agreed that the right of the professions to regulate their own affairs had to be exercised not only to the satisfaction of their members but also to the satisfaction of the public. And this right should remain unimpeached so long as there was no evidence of disadvantage to the public.

The following is an extract from his paper:

A profession's right to be self-regulatory will be respected by society at large only so long as it can be seen to have established, and to be maintaining, the highest professional standards — not simply in relation to professional competence, which can be tested in the courts, but in relation to professional behaviour. Where those standards are not maintained, public pressure will mount for the profession's regulation to be taken out of its own hands.

The professions must treat the complaints of the public against their members with care and concern, be seen to investigate them thoroughly and not to close ranks against a member of the public if a complaint is justified. Inevitably, that means being prepared to take disciplinary action against a member who has been guilty of serious professional misconduct even if it may be a personal tragedy for the member and the case may show up the profession in a bad light. Only thus can confidence be maintained and the right to self-regulation be retained.

A profession's code of ethics may be viewed by others as a restrictive practice and the Monopolies and Mergers Commission has investigated the professional rules against advertising as they apply to solicitors, barristers, accountants, veterinary surgeons and stockbrokers. Why doctors, dentists and pharmacists have escaped attention, I do not know, but one would not wish such an inquiry upon them merely in the interests of uniformity.

The Commission was invited to

consider whether the rules on advertising were contrary to the public interest — which is a perfectly reasonable basis for an inquiry. The question which remains unresolved, however, is who is the best person or most suitable body to decide whether a rule is not in the public interest. One can argue that a body like the Commission would be entirely suitable because of its total independence.

At the same time, one can argue that the best judge of what is unprofessional conduct is the profession itself. The courts have made this point time and again in judgments delivered when hearing appeals from the disciplinary tribunals of various professions. The profession alone has the in-depth knowledge of the client / practitioner relationship which enables it to say with conviction that a member's conduct has fallen below the standards set by his peers and adversely affected the public.

Ethical trends

Reference to advertising, a matter which is dealt with in the codes of most professions, raises the question whether certain parameters can be set for the ethical codes of all professions.



The speakers at the first professional session, Mr W.M. Darling (left) and Mr A.R.W. Porter

Each profession works in a field of its own and it is dangerous to seek ethical rules which might apply universally. All that is necessary is for each profession to be aware of developments in the ethical codes of other professional bodies so as to be aware of trends in ethical thinking and to benefit from the experience of others who have formulated a new approach.

I have been involved in preparing a code of conduct intended to be of general application to the veterinary profession throughout Europe, not with a view to its overriding the ethical codes of the national bodies but to establish common ground which all would bear in mind



when preparing their own rules. My initial fear was that there would be such wide national variations it would be impossible to produce an acceptable code or that it would have to be drafted so generally as to be of little value. I was, however, proved wrong. The national ethical codes of the 10 countries have a similar approach to most ethical situations and an acceptable, helpfully clear code has been approved.

This exercise was a good example of how codes of ethics and the statute law can be mutually supportive. The EEC Directives, the national legislation and the codes of conduct are interlocking, not at odds with each other. What one must guard against, however, is any pressure from a Government department or outside body to declare a practice unethical and thereby control or eliminate it as a remedy for the inadequacies of a statute which has stopped short for reasons of political expediency.

When producing or revising an ethical code it is a mistake to do so without members of the profession having the chance to contribute. Effective government of a democratic nature has to rely to a large extent on the consent of the governed.

Constant review

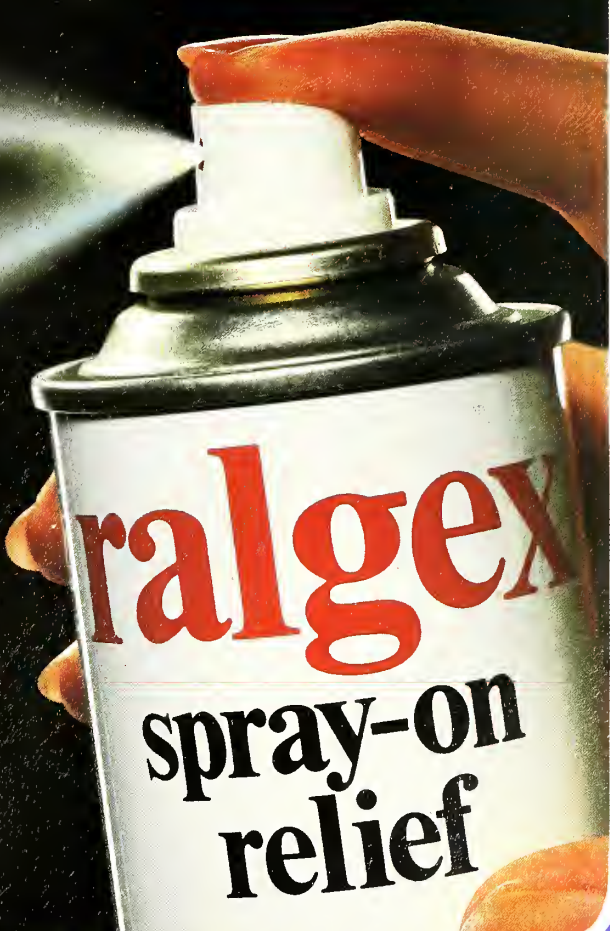
Ethical codes should be kept under constant review and subjected to a complete overhaul every few years. A profession which leaves its codes unscrutinised runs the risk of being caught out because it is not in line with acceptable contemporary professional customs. For this reason the RCVS fully revises its Guide to Professional Conduct every three years.

It is unwise to legislate on ethical issues in greater detail than necessary. Where the profession wishes that a relatively small point, about which there has perhaps been some disagreement, should be made the subject of a common rule it may be as well to ask if the rule should be considered an ethical one rather than a matter of recommended professional practice. If so, it should be made clear to the members that this reflects their wishes and is not something being imposed on them from above.

Discussion on p497

RALGEX ON TV BOOSTS SALES 33%

*Here we
go again—
NATIONALLY*



More TV for Ralgex!
National this time. Starting
August and running right through
to mid-October. Reaching 67% of all adults
4 times over. Plus new counter displays.
And a larger Spray can, giving 20% extra, Free!
If last winter's sales increased by 33% with regional
TV – and they did! – just think what this year's
will do. Be ready to cash in. Stock up now!

ralgex
**spray-on
relief**

BEECHAM HOME MEDICINES

Good news for sales

for muscular pain

Garrulous pharmacists abound in 1983

A survey of pharmacies has shown that, on average, about 40 customers a week inquire how serious their symptoms are. Advice is given on demand for 52 prescription items and accompanies the sale of 103 medicines a week. The survey was one of the papers presented to Tuesday afternoon's practice research session, at which speakers competed for the *C&D* Medal and Award.

Mr J.W. Harris, a North London pharmacist, believes that 1983 may be recorded as "the year of the garrulous pharmacist" if the profession heeds the calls of campaigns to extend its advisory role. In 1980 he carried out a study to assess pharmacists' commitment to health education in terms of information and advice provided in practice.

He sent 473 questionnaires to a random sample of pharmacies and achieved a 78 per cent response. When asked if they agreed that health education should form part of retail pharmacy practice, 79 per cent of pharmacists answered "yes". Of the 6.6 per cent who disagreed, the most common concern was doctor-patient confidentiality.

On average, 37 minutes were spent on client education every working day. Most pharmacists (73 per cent) felt that most or all of their customers expected to receive advice as a normal part of the service and 95 per cent considered that the public had easy access to them.

Pharmacists refer 5pc

There were, on average, 19 inquiries about the seriousness of symptoms per 1,000 transactions, accounting for about 40 customers a week. The inquiries were always dealt with by the pharmacist who referred 5 per cent of customers to other sources of health care, usually the doctor, without recommending a medicine and a further 28.5 per cent were referred after sale of a medicine. 68 per cent of pharmacists thought their knowledge was adequate for dealing with such queries; 71 per cent agreed with the need for educational change.

Queries were raised on 13.8 per cent of all OTC medicines bought. The pharmacist alone recommended products in 37 per cent of cases and the pharmacist together with other members of staff in 50 per cent; less than 12 per cent replied that counter-staff alone made the recommendation.

Verbal advice was given on demand

with 6.5 per cent of dispensed medicines and in addition advice was volunteered when 5.5 per cent of all medicines (both OTC and prescribed) were supplied. The pharmacist was involved in all cases. The average number of suspected adverse drug reactions spotted in the fortnight before the survey was 1.3.

Two-thirds of pharmacists thought they could extend their health education role; the 18 per cent who said this was not possible blamed lack of time, space and financial incentives in that order.

GPs welcome minor ailment treatment

Most GPs acknowledge the valuable contribution pharmacists make in treating minor ailments, according to a paper by Miss A. Morley, Mr M.H. Jepson and Mr C. Edwards, University of Aston, and Dr P. Stillman, a Crawley GP.

The authors analysed 598 questionnaires returned from GPs. When asked if the counterprescribing activities of pharmacists should be decreased, the same or increased, 60 per cent replied that



they should remain the same and 32 per cent thought they should be increased. Some 40 per cent of doctors did not consider the pharmacist was a member of the primary health care team; half those giving reasons said the pharmacist was too isolated from the rest of the team. About three-quarters of the respondents thought it would be mutually beneficial for GPs and pharmacists to participate in regular joint postgraduate meetings.

The doctors were asked to rate a list of conditions according to how much they would like pharmacists to deal with them in the first instance. The patient would be referred to the GP only if treatment failed in a given time. Over 65 per cent rated colds and flu, cough, mouth ulcers and muscular aches and pains as "very desirable" for pharmacist treatment, whereas piles and cystitis were considered least suitable.

Another question asked whether certain prescription only medicines should be available for pharmacist recommendation. While a significant number of GPs supported the use of hydrocortisone preparations for aphthous ulcers and haemorrhoids, they did not support the topical use of this drug for minor skin conditions.

Some 85 per cent of GPs were in favour of a notification card to be given by pharmacists to customers who were referred to their doctors. A small majority of GPs were willing to inform pharmacists of their findings and treatment.

More Practice Research on p491



"1983 may be regarded as the year of the garrulous pharmacist"

**FOR 118 YEARS FISHERMAN'S FRIENDS
HAVE BEEN BUSY
SOOTHING SORE THROATS....**

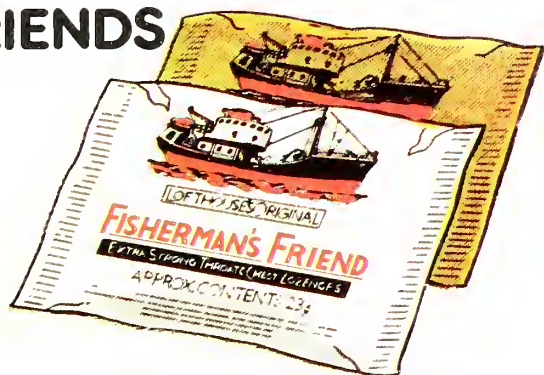


**...WITH OVER 1 BILLION
LOZENGES PRODUCED....**



**...THIS YEAR YOUR
FRIENDS ARE GOING
TO BE EVEN MORE
IN DEMAND.**

- ★ FISHERMAN'S FRIEND EXTRA STRONG LOZENGES
- ★ FISHERMAN'S FRIEND ANISEED LOZENGES
- ★ FISHERMAN'S FRIEND HONEY COUGH SYRUP
- ★ FISHERMAN'S FRIEND RUBBING OINTMENT



**....AND THIS YEAR WE'RE
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Continued from p488

The aims of male and female students

Although the Pharmaceutical Society's Register may become female-dominated, it is unlikely that female pharmacists will dominate the full-time working sector, according to research by Dr Judith Rees, University of Manchester pharmacy department.

The Society's 1981 census of members gave the female membership as 33 per cent, but there are now more female (58.8 per cent) than male pharmacy students. The census also showed that 57 per cent of the part-time working pharmacists were female and that 17 per cent of female pharmacists did not work at all.

Dr Rees sent questionnaires to third year pharmacy students asking them about their career ambitions. Over a third of females hoped to have stopped work or only work part-time by 10 years after graduation, with the remainder aiming at staff pharmacist positions or managers of

small / medium-sized pharmacies. Male students, however, aimed for principal / district pharmaceutical officer positions or buying or managing large pharmacies.

All the female students wanted to get married before age 31. None would be prepared to work full-time if they had small children, although over half were prepared to work part-time with children both under and of school age; 38 per cent would wish to work full-time as the children grew up. Nearly all (90 per cent) would work full-time if they had no children, the rest would work part-time. Similar attitudes were expressed when male students were asked if married women, with or without children, should work full or part-time or not at all.

'Be prepared ...'

The author suggested that the profession must be prepared to accommodate an increasing number of female pharmacists requiring part-time work or wishing to return to full-time work after a break in their careers.

Finding the best theophylline dose

Dr R.W. Fitzpatrick, principal pharmacist, Hospital Centre, North Staffordshire Health Authority, carried out a trial which showed that pharmacokinetic dose individualisation can markedly improve theophylline therapy.

Theophylline levels were measured in one group of patients whose dosage had been based on conventional regimens and another group for whom the optimum dose was calculated by pharmacokinetic methods. Significantly more patients in the second group were within the optimum range of 10-20mg per litre and fewer patients were under or overdosed when compared with the first group.

Dr Fitzpatrick said the procedure was particularly suitable for patients at risk of toxicity, eg those in heart failure, or for those in whom underdosing may occur, eg smokers or overweight patients.

Suspending agents

B.A. Miller, Hackney Hospital, investigated the use of Avicel RC 591 as a suspending agent for extemporaneous suspensions made from crushed tablets. The compound is a co-precipitate of microcrystalline cellulose and sodium carboxymethylcellulose which forms plastic dispersions in water.

Aqueous dispersions of RC 591 were found to pour easily and have excellent stability. The manufacturers recommend

hypromellose 5000 as a protective colloid to reduce sensitivity to electrolytic flocculation, but the author found that at certain concentrations it could destroy the suspending power of RC 591 or make the solution too viscous. Further work was needed to determine the precise concentration that would make the best compromise.

Opinions of self-assessment

Self-assessment of their professional practice is seen by most pharmacists as a feasible way to advance the standard of service to the public, according to a survey by Miss J. Nursall, Nottingham General Hospital, and Mrs B.J. Stewart, Ciba-Geigy pharmaceuticals division.

They analysed questionnaires returned from 13 randomly-selected community pharmacists (group 1) and 18 who were participating in continuing education courses (group 2). A greater number in group 1 spent more time on general management and administration, while a greater proportion in group 2 spent more time on advising the public on health and in maintaining contact with other health professionals.

In group 1, 38 per cent said they were familiar with the "Guide to self-assessment"; 77 per cent were prepared to use it as a basis for self-assessment while 61 per cent agreed it would be helpful to have further guidance in the form of self-assessment exercises. Group 2 responses were 61 per cent, 66 per cent and 66 per



cent to the same statements, showing greater awareness but not necessarily a greater willingness to participate in self-assessment of practice activities. However, the survey found a trend towards increased professionalism in those pharmacists who were participating in continuing education courses.

Loss of control on anticoagulants

Drug interactions accounted for loss of anticoagulant control in almost one-third of patients on warfarin studied by Mr M. Belton, Mr R.H. Leach and Mr C. Vinayagamoorthy, departments of pharmacy, Queen Elizabeth Hospital, and haematology, University of Birmingham.

In another third, no cause was found for the loss of control while the remainder was almost equally divided between changes in dose and non-compliance. During the 12 month study 298 patients attended the clinic, usually at six weekly intervals; 55 patients experienced loss of control on 95 occasions. Patients were overcoagulated in 67 instances and undercoagulated in 28.

Among the drugs interacting with warfarin were cotrimoxazole, amiodarone and dextropropoxyphene, which caused potentiation, and two patients receiving concurrent clofibrate needed more warfarin to give adequate anticoagulation when the clofibrate was stopped.

The authors concluded there was scope for considerable improvement in communications concerning drug therapy in patients on anticoagulants. Family doctors, pharmacists, patients and clinics all had a part to play.



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References 1 J. Roy. Soc. Health (1977) 97, (6), 291 2 J. Roy. Soc. Health (1979) 99, (4), 173. © Napp Laboratories Limited 1983. ® Prioderm and Carylderm are Registered Trade Marks.

Science address, awards and sessions

Cheap drug' policies bad for care and safety

A warning against "cheap drug" policies came from Dr Trevor Jones, head of technical development, Wellcome Foundation Ltd.

Giving his science chairman's address on Monday, he said that pharmaceutical research expenditure by the 17 major US and European companies in 1982 was over £2,000 million. Such spending in no way guaranteed success in drug discovery but lack of investment in research did guarantee a lack of success. To spend such sums the industry needed to generate adequate profits and charge reasonable prices for products.

In most countries drug prices were regulated either directly or via reimbursement schemes, Dr Jones continued. Regrettably there were occasions when governments — and pharmacists — had bought medicines on the basis of price alone. Subjugating standards of quality and bioavailability to the "lowest price" arguments could only be to the detriment of patient care and safety.

Distressing

In the UK the Medicines Act required medicines to be above a minimum standard but this was far from the case in some countries where governments pursued drug policies that led to poor products and poor health care. It was distressing to see in some poorer countries the appalling standards of manufacturing

practice and poor quality products being issued to those who could least afford the consequences of such therapy.

"The prospect that a UK policy of generic substitution could lead to such products entering the UK market should be cause for great concern," he said. "The limited resources available from the UK to inspect premises could certainly not be an adequate safeguard in terms of the quality of imported materials, and the absence of guarantees relating to quality assurance compound the problem."



Dr Trevor Jones

More rigid standard for preservative

More rigid pharmacopoeial standards should be laid down for benzalkonium chloride, researchers at Manchester University department of pharmacy suggested in a paper presented during the science sessions.

The BP and EP methods of identification are based on chemical assay and determine only the average chain length of a mixture of compounds with various n-alkyl chains. Thus the composition and antimicrobial efficacy of benzalkonium chloride may vary greatly even though the mixture still conforms to the pharmacopoeial specification.

After studying various n-alkyldimethylbenzylammonium chlorides, the researchers found that, generally, yeast and fungi were most sensitive towards n-alkyl chain length

C₁₂, Gram-positive bacteria towards C₁₃ and Gram-negative towards C₁₄. They concluded that these compounds, for use as preservatives, should contain n-alkyl chain lengths C₁₂ and C₁₄ with C₁₂ predominating, or should consist entirely of C₁₂. There seemed little advantage in including C₁₆.

Similarly, the BP and EP give the generic name cetrimide to mixtures of alkyltrimethylammonium bromides with various n-alkyl chain lengths, while the USP considers cetrimide a commercial name for the C₁₆ compound alone. A further study at Manchester University pharmacy department examined the antimicrobial activity of compounds where the n-alkyl varied between C₅ and C₂₂, and concluded that a pure compound — preferably C₁₄ — should be used to preserve pharmaceutical products, rather than a mixture of compounds.

A video film on the handling of cytotoxic drugs has been prepared in Queen's University's department of pharmacy.



The film, which was shown during the science demonstration sessions, illustrated the importance of protective clothing and the equipment needed to minimise risks from contact with cytotoxic drugs during their preparation.

Better therapy from improved science

Recent advances in pharmacokinetics have led to a better understanding of drug disposition in patients and hence to improvements in drug use, according to Dr K. Chan, Chinese University of Hong Kong.

For decades, the wide variation in patients' responses to drugs has been ascribed to individual "sensitivity" or "resistance." Now, at least part of these differences could be explained in terms of individual variations in drug disposition. An understanding of the causes of these variations could allow the development of personalised dosage schedules and improve drug therapy, Dr Chan said during his Science Award lecture on Monday afternoon.

He explained how improvements in analytical techniques had provided more information about the kinetics and pharmacology of some long established drugs such as neostigmine, pyridostigmine, indomethacin, pethidine and phenoperidine.

Film + coating — a mixed art

In the second science award lecture, on Tuesday afternoon, Dr Ray Rowe, senior scientist, ICI pharmaceutical division, explained how such diverse disciplines as paint technology, polymer science and pharmacy came together in the practice of film-coating. They could combine to minimise the incidence of film-coating defects, eg cracking and bridging of the imprint indentations, which could destroy the product's efficacy. Both these defects were due to the stress build-up in the film during processing and could be minimised by applying equations derived by paint technologists to quantify the stresses in organic coating.



Denis Kelly, Area Sales Manager with Terry Chapman of Grunwick Processing Laboratories Ltd.

Good a

Denis Kelly with Eric Payne and Ron Mersh of Forest Photographic Company.



Our hearty congratulations go to Forest Photographic Co., London and Grunwick Processing Laboratories Ltd., Borehamwood as winners of the first Kodak Gold Awards for Quality in the 1983 Kodak Awards for Quality scheme.

They achieved this accolade by reaching the Kodak Point Standard for four consecutive months from April to July 1983.

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The Silver Award Winners.

We would also like to congratulate the following laboratories for maintaining the Kodak Point Standard for two months and thus winning Kodak Silver Awards for Quality in July.
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Table of Merit, July 1983

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Genetic technology to change the face of pharmacy

Genetic technology will become the method of choice for producing expensive medicaments, predicted Professor J.T. Smith, head of microbiology, London School of Pharmacy.

A surprisingly large number of compounds is already being produced by this method and perhaps in five to 10 years time it will be rare for any other means of production to be contemplated, he said in a paper presented to Tuesday morning's professional session. "This will not only change the face of pharmacy and medicine but will affect the lives of ordinary people for the better," he added.

In spite of some unsolved difficulties, genetic technology had many advantages over the conventional syntheses and production procedures at present used to produce expensive peptides. The main advantage gained by using bacteria was that all the processes were carried out enzymically. Enzymes worked at almost 100 per cent efficiency; no precursor was wasted and few by-products were formed, so purification procedures and pollution problems were minimised.

Chemical synthesis tended to produce 50 per cent of the inactive isomer whereas enzymes were stereospecific for the correct isomer. And enzymic processes took place at temperatures less than 37°C whereas many chemical processes required elevated temperatures which were costly in terms of energy supplies.

However, one drawback associated with genetic technology was the possibility of some dangerous DNA

Dr S. Harford



combinations being produced by accident. For example, a latent cancer gene could become inserted into the plasmid of an *E. coli* host. *E. coli*, being a gut commensal, could colonise the human gastro-intestinal tract and the thought of such bacteria bearing oncogenic genes was "devastating."

As a precaution, genetic manipulations were subjected to extensive legislation which specified expensive contaminant measures. Legislation erred generously on the safety side; the strain *E. coli* used was extremely poor at gut colonisation and incapacitated derivatives had recently been developed with no ability to colonise the gut.

Impact on industry

Dr S. Harford, biotechnology department, Glaxo Group Research Ltd, said the first major impact of recombinant DNA had been in the pharmaceutical industry and outlined some aspects in his paper, an extract of which follows:

The area of therapeutic proteins has seen the most activity, especially from the venture capital sector. One of the first examples was the cloning of human growth hormone for production in *E. coli* — certainly an improvement on deriving the material from human cadavers. One source of insulin is now from human genes cloned in *E. coli*. There is also a growing list of proteins with potential therapeutic value that have been cloned into *E. coli*, including interferon, urokinase, alpha-1 antitrypsin and a number of lymphokines, growth factors and hormones.

Historically only a few proteins have been used in human therapy. One of the major factors in their limited appeal has been the problem of producing them in large quantities, so the success of rDNA and fermentation in overcoming this production problem is clear. Human proteins, once only available in nanogram quantities, can now be produced by the kilogram from a modest fermentation capacity. This ability to meet fairly easily the predicted world requirement for a protein may bring its own problems. The industry is likely to continue its efforts in



research in this area.

Recombinant DNA methodology is also being applied in the study of oncogenesis, cellular differentiation, receptor action and just about every other aspect of molecular biology. As well as its role in these long term projects rDNA has potential in more short term endeavours, eg in the study of protein structure / function relationships. *In vitro* random, semi-random or specific mutagenesis of a gene allows manipulation of protein structure to the finest possible level. Such manipulations have the potential to alter the kinetic parameters of an enzyme, alter its substrate range, cause complete inactivation, etc. The resulting information can be used in the design of inhibitors of the enzyme in the development of a new antagonist.

Fundamental research has long been the prerogative of government-funded universities and research institutes. However, there is a considerable amount of basic research being carried out by industry in this area. As the science is still fairly new and discoveries of basic research can have such an immediate impact on industrial processes it would seem likely that the pharmaceutical sector will continue to engage in a high proportion of fundamental research in rDNA methods.

One method commonly used in drug development is to screen a large number of compounds for agonist or antagonist action against a key protein. Finding an adequate supply of a human protein or certain viral proteins has often proved a problem. The power of rDNA to clone such proteins and produce them in large quantities increases the diversity of "target proteins" amenable to this approach for drug development.

Recombinant DNA technology also brings with it a wealth of methods which can be applied to the development of new screening procedures.

Massive resources are required for the development and testing of new drugs so it is unlikely that many of the venture-capital based companies will be directly involved in this field. Current drug research is heavily chemically orientated, a relatively small resource in most of the specialist rDNA companies. However, the chemical expertise of the major pharmaceutical companies is immense

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BP CONFERENCE

Professional Sessions

Continued from p486

Code of ethics to prevent leapfrogging?

The question of whether leapfrogging could be prevented by the code of ethics was raised during the discussion. Mr Gordon Bullous, Northumberland, pointed to the anomaly whereby a pharmacist who stole prescriptions from another by advertising was considered unethical whereas one stealing prescriptions by leapfrogging was not. Mr Darling replied that it would be impossible to include any item in the code that would prevent a pharmacist practising his profession. The best way to bring about planned distribution was by legislation but so far the Society had been unable to persuade governments that this was in the public interest.

Public interest

Mr D. Canniford, Zimbabwe, suggested that if the code was designed to protect the best interests of the public, the public might consider that making leapfrogging unethical was protecting the interest of pharmacists. Mr Darling replied that the public's interest was best served by maintaining a spread of pharmacies throughout the whole community rather than having them concentrated around doctors' surgeries.

Mr R. Hazelhurst, Bradford, said community pharmacists needed clearer guidelines on the difficult question of parallel importing; Council had left it largely to members to decide. Mr Darling said that a loophole in the Medicines Act allowed parallel importing in certain circumstances so it was impossible for the Council to lay down hard and fast rules; it was a matter for each individual's conscience.

and it is envisaged that the larger companies will have a significant role in the development of rDNA derived products in the future. It may well be that the next five years will see the development of more collaborative efforts in this high-risk research area.

Vaccine development is another area, where rDNA techniques have already had a significant impact. There are advantages both in safety and in cost effectiveness if the gene for an active immunogen can be dissected from its host and introduced into a more convenient one for high level expression.

Vaccine development has historically been under-researched. The universities have had little interest in what they see as applied research while industry has tended to find human vaccine production commercially unattractive. The more direct approach of rDNA methods has seen a new enthusiasm in vaccine development. It is commonly predicted that the present market should increase dramatically over a relatively short period of time.

Along with its successes genetic technology has brought its own set of problems and only time will show how these can be resolved enabling the science to attain its full potential. For those of us working in the field, the last few years have seen major changes and we can view with excitement (and perhaps a little apprehension) what the next decade will bring.

Production costs?

During the discussion, Dr T.D. Whittet, London, asked whether products for research work such as enkephalins and endogenous pyrogens could be produced more cheaply by genetic technology. Dr Harford replied that, as a general rule, it was thought that the genetic route was definitely the best for a protein having more than 35 amino acids. For shorter peptides the choice of method was a "grey area" and for much smaller molecules, chemical synthesis was probably the best.



Sir Kenneth questions doctors' motives in over prescribing

An "unquantifiable amount" of drugs is being overprescribed by "certain doctors whose motives must be of concern to us all," said Sir Kenneth Newman, the Metropolitan Police Commissioner, at Tuesday evening's banquet.

"There is every indication that an increasing amount of pharmaceutically produced drugs are getting on to the black market," he said. "These drugs are being obtained by theft and robbery from legitimate sources as well as by means of stolen and forged prescriptions. Ampoules of diamorphine, methadone and pethidine sell for £5 each on the streets. Drugs with a retail value of, say, £30 can have a street value of over £2,000. I am also told by my experts that certain doctors appear to be overprescribing opioid substances such as Diconal and methadone.

"My brief survey of the drugs scene suggests that law enforcement agencies have to focus not only on the supply of illicit drugs but also on the supply of drugs from legitimate sources if the scale of the problem is to be fully understood."

But, Sir Kenneth added, "The high ethical standards of the Pharmaceutical Society and the superb co-operation given

to police by the Society enables us to concentrate our resources where they are most needed. Very few pharmacists ever become involved with the unlawful manufacturer or distribution of drugs."

The Metropolitan Police, and in particular the Central Drugs Squad "chemist section," relied heavily on the Society's advice and co-operation, and a close working relationship had evolved. "My officers have immense respect for the professionalism of your inspectors," he said.

Drug abuse increases

Referring to the dramatic increase in drug abuse in recent years, Sir Kenneth said Home Office statistics showed that 4,700 addicts were receiving treatment in December 1982 but research commissioned by the Department of Health suggested a further 25,000 addicts were not part of the official treatment regime. Hard drugs were still relatively easy to obtain; during the past 12 months the street price of heroin had almost halved and purity levels had increased.

Replying to Sir Kenneth, Mr Colin Hitchings, the Pharmaceutical Society's president, observed that the misuse of opiates had been recorded for centuries but the practice did not receive the "hysterical publicity" which had promoted drug abuse in the past 25 years. "Would the situation improve if less publicity was given to the abuse of drugs in the future?" he asked.

Miss Morley wins C&D Award

Miss Alison Morley has won the C&D Medal and Award for the best presentation at the BP Conference practice research session on Tuesday.

The paper entitled "What do doctors think of pharmacists treating minor ailments?" was written by Miss Morley,

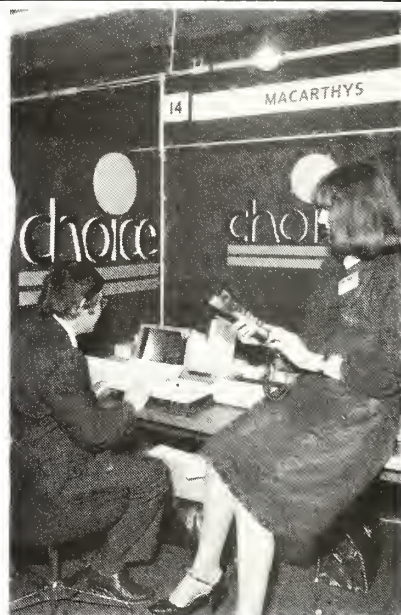
Mr Michael Jepson and Dr Clive Edwards from the pharmacy practice research group, Aston University, and Dr P. Stillman, a GP in Crawley, Sussex (see p488). It forms part of Miss Morley's part-time, unsponsored PhD in which she hopes to look at how pharmacists counter-prescribe and ways to improve education in this area. Miss Morley is a lecturer at Aston University and continuing education courses organiser.



Pharmacists who presented papers during Tuesday afternoon's practice research session at the British Pharmaceutical Conference, from left to right: Mr John Harris; Miss Alison Morley; Dr Raymond Fitzpatrick; Mrs Barbara Stewart; Mr Robert Leach; Mr Brian Miller, and Dr Judith Rees. Miss Morley won the C&D Medal and Award for the best paper and presentation. For details of the papers see p488



Exhibition pictures



Mr Mike Wheeler, MPS, Macarthy's marketing manager, and his assistant, demonstrate the new Choice computer system and its associated portable data terminal with light pen (presently completing trials). The PDT can utilise both PIP and bar codes. The labeller is now available with an integrated stock control system



Dr Akbar Noor demonstrates the new Bio-dis equipment for dissolution testing of controlled release formulations. Rows of tubes containing different pH dissolution media allow the drug to be "moved down the GI tract". There are 12 different programs allowing for different dwell times at each pH, different degrees of agitation etc

LETTERS

Clawback — a plea to contractors

Either our journals are not publishing all the letters sent in by irate pharmacists concerned by the imminent Government clawback, or we are again displaying our customary disinclination to raise a fuss. The few letters I have read have been polite and lacking in any constructive criticism, with the exception of S.G. Armitage of Hull, who demands we rise up "en masse" and assert our "power" — but without any explanation of *how*.

I scan the journals weekly hoping to see our leaders in PSGB and our negotiators on PSNC outlining their master plan for the salvation of pharmacy — but all to no avail. Perhaps they are doing likewise. PSNC's openness about the "clawback meeting" with the Department, I feel, must be motivated by something — or are they the enfeebled group many writers believe they are? I would like to believe the opposite: that they are, in fact, awaiting an upsurge of pharmacy-feeling — the "power" that S.G. Armitage urges us to use.

Personally, I believe that pharmacy has been ill-used and underpaid for the many services it has undertaken to better the lot of the community as a whole. From now on we should take a leaf from the Government's book and adopt a monetarist policy, which as I understand it is basically "If we can't afford it, we don't do it."

Can we now afford to subsidise the Health Service with our supply of CRCs?

Can we afford expensive equipment to produce printed labels for patients' medicines?

Can we afford to supply additional "warning notices" for medicines?

Can we afford "24 hour emergency stand-by" services for a Government which refuses to acknowledge our worth?

Can we afford to deliver oxygen "out of hours" — the only *legal* opportunity we have?

Can we afford to operate "out of hours" services such as rotas for the convenience of our patients (the voters)? Certainly not for the next few months.

For as long as I have been in pharmacy we have subsidised the nation's health (our unseen additional NI contribution) in the vain hope that our contribution will be recognised by government. And because we have provided these, and other services free, successive governments have treated us with the contempt we deserve. Why should they pay for services which we are stupid enough to provide free of charge?

If our negotiators are weak it is because we supply them with that

weakness. If our professional body is weak it is because we allow it to be by our division.

PSNC has repeatedly asked for our undated resignations. We refuse — too timid to stand up and be counted among those who hope for a better future for pharmacy; too isolated in our own little worlds of our individual pharmacies to worry overmuch about our fellows. We act towards each other like competitive traders and wonder why governments refuse to acknowledge us as professionals.

Perhaps the shock to our financial systems of working for the next five months for next to nothing, will instil in us some sense of unity through adversity.

Perhaps the PSNC will again ask for our resignations as an armour against this clawback re-occurring, and perhaps we

should send them.

Perhaps we should discontinue our use of expensive CRCs until they become compulsory — and payment-worthy.

Perhaps rota services should be discontinued — who else would do "overtime" at time minus 1½?

Perhaps we should stop using typewriters and computers for labelling medicines until they are paid for, and return to the 6p Bic.

If this letter sounds like a tirade — it is meant to be, but it is also a plea. I believe I have been underpaid for my services as a pharmacist, but what can I do against the might of Government, our monopoly employer, without your help?

P.J. McGrahan

Dudley, West Midlands

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LETTERS

More Letters on p499

Some thoughts for Xrayser...

A recent advertisement in *Super Marketing* showed the true level of disdain some medicine manufacturers have for pharmacy. Their contempt makes my blood boil, and I will remember this in my future dealings with the company concerned. Regrettably due to my position it would be impolite for me to publicise this myself.

I do, however, sometimes wonder whether RPM on medicines is really best for pharmacists or whether it just hands 40 per cent of a very profitable market on a plate to the grocery trade. I am personally convinced that the majority of the general public fondly believe medicines to be cheaper in Boots, Superdrug and supermarkets anyway. At the very least pharmacists ought to wake up to the enormous size of the patent medicine market — the NPA's campaign is certainly a step in the right direction, but by no means an end in itself.

I entirely agree with you regarding ethical reps. I personally suggest to all my managers that they never take new drugs into stock without the equivalent goodies that dispensing doctors get. I also suggest that they do not respond to "how is such and such a product going" unless there is a quid pro quo — the commercial value of this information is very great and more fool us if we give it away for nothing.

One point on which I do disagree with you to a large extent is "leapfrogging" (a ridiculous term). I am fully aware of the difficulties it can cause — a friend has recently had to spend a great deal of money to protect himself and one of the branches I control is constantly under threat. However, most comment (with the exception of the PSGB) is emotional and irrational. Nearly all present pharmacies

have leapfrogged in their time — only those established early in the last century could claim not to have done so (barring those established in new communities). It is fallacious to suggest the public want anything other than the chemists next door to the surgery — most people find dispensing doctors very convenient, unless it is a home visit.

However, the most alarming thing to me is that a restrictive contract without restrictive ownership would play right into the hands of the major multiples: goodwill values would inflate alarmingly; young non-proprietor pharmacists would never be able to afford a profitable business; pharmacy would rapidly become a multiples-only preserve in a few years.

As to the solution — God alone knows. Realistically, we will never get restricted ownership — the best we can hope for is that the NHS contract is with the pharmacist (one per pharmacist only) as with opticians. Other than that, I should rather see the present imperfect situation than an oligarchy.

I would also suggest that the reaction of a Conservative politician to rational distribution would be to "leave it to market forces" (unless the supply situation were to deteriorate), and to a Labour politician "nationalisation". I feel certain that this present Government would have no sympathy at all with rational distribution.

Incidentally, it may interest (or amaze — it did me) you to know that the current going rate for a young inexperienced optician is £15,000-£20,000 per annum. This for a "profession" that considers one appointment per half hour very hard work and whose greatest mistake could be that they didn't improve somebody's sight by selling grossly-overpriced spectacles.

I regret having to hide my identity — the business I work for has grocery interests!

Superintendent

... and some more from Wales

You must be joking! Usually I am in agreement with you about almost all your very practical and suggestive arguments, but typewriter — come off it!

I use the Unichem Scriptwriter 1000 and did the testing for it and some 80,000-plus labels later cannot see how any chemist can do without it — what a donkey! You try 6,000 scripts a month or one every two minutes and see what you get out of your £50 typewriter.

You're talking utter "twype" — if you allow me to have a Hee Hee Hee.

Max Wigley
Cardiff

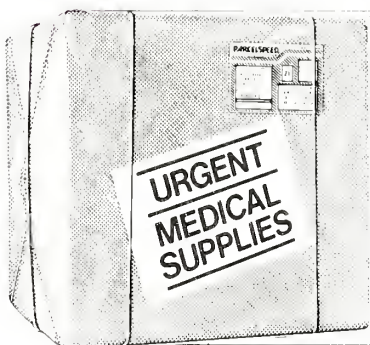
Whose detriment?

As a post-1980 contractor who will be suffering from the clawback, I was very disturbed to note the quotation from the PSNC that "repayment be made provided there would be no detriment to other contractors". If that is so, then knowing this Government, any compensation would be treated as part of the "whole cake" and therefore other contractors would suffer by "our gain". This would make a case of conflict for the PSNC, who would be forced to represent the majority of its members i.e. pre-1980. In short, the PSNC would be forced to "sell us down the river".

I therefore urge all post-1980 contractors not to become complacent about any possible compensation and to join the post-1980 committee — it could be our only chance.

Alan Williams
Swansea

LET PARCELSPEED



LETTERS

Fair to whom?

The "Post-1980 Contractors" (*C&D* last week) are claiming partial exemption from the clawback, and rightly so in some cases. But I would like to ask about the position of a contractor who sold a viable business in one area to set up a new business elsewhere, leapfrogging an established pharmacy. Since his new contract is presumably quite separate from his original one, can he now with impunity claim to be a special case, thus keeping his original discounts, and obtaining a reduction of his clawback?

This situation would seem to me, admittedly biased as one leapfrogged, totally inequitable.

A.W. Rodgers
Newton Abbot

Naughty Paddington

Pharmacy is currently experiencing a progressive and beneficial change in direction. The NPA advertising campaign for greater professional recognition; changes in legal status from POM to P and introduction of P medications to facilitate more effective counter prescribing; computerised labelling and counselling to ensure greater compliance; these are all components of a route to an improved comprehensive pharmaceutical service. It is only natural, indeed essential, that manufacturers play an active and integral role in this tradition.

However a full page advertisement in *C&D* introducing "caring" Paddington's junior vitamins from a reputable manufacturer is not in line with current developments. Acceptance by pharmacists will no doubt lead to the introduction of Rupert Bear rheumatism tablets (with ibuprofen, of course) — Rupert must be old enough to be

Paddington's grandfather! Or what about Mr Nosey catarrh syrup (P status?), Woody Woodpecker diarrhoea capsules (when the patent on loperamide expires)? Wee Willie Winkie sleeping tablets? Jack and Jill contraceptive pills?

No, Rand Rocket, you are not doing us any favours. Yours is not the way ahead.

W.G. Clapinski
Stoke on Trent

Foiled again!

I am suprised these days when drugs are dispensed in suitable containers that pethidine hydrochloride tablets are supplied to chemists in foil packs of 100. Would they not be much better in bottles like other Controlled Drugs?

I for one do not like to dispense these tablets other than in a small bottle with screw-on cap which necessitates deblistering the required number of tablets — which takes time — but is safer in the long run.

W.J. Taylor
Londonderry

OPEN SHOP

by a proprietor pharmacist

Convoluted offer gets brush off

When is an offer not an offer? I have posed that question on a previous occasion but recently a new twist was presented to me by an Addis representative. They were launching a new bath range which, as with many

similar new products, was offered in parcel form at a special introductory price, but this time with a tortuous commercial logic all of its own. The suggested retail price gave a mark up of 30 per cent + VAT on the buying price of 25 per cent off of list on the largest parcel. The smallest parcel was 20 per cent off of list which I calculate to be a suggested mark up of 21.8 per cent. Can I buy a single pack? Sorry, we are only selling in parcel form. If I can only buy in parcel form then I cannot buy at list price or, assuming that I could (purely hypothetically of course), then the list price would be 33 1/3 per cent more than the best parcel discount terms of 25 per cent off of list.

At this point the mathematical convolutions became a little too much for the poor Addis gentleman. He merely looked green and agreed. But if the suggested mark up is 30 per cent + VAT after a discount of 25 per cent off a hypothetical list price then this suggested retail price will become the norm for the setting of pricing structures within the shop and will be treated as a maximum retail price. Then if you could buy at list and sold as suggested you would be losing 2 1/2 per cent on every sale.

I trust the weather is not too foggy where you live but my conclusion was that I was actually being offered a new product from Addis in parcel form, at a varying discount of 0-5 per cent depending on the size of the parcel taken, when the profit on return using the suggested pricing structure would be from 23.1-17.9 per cent. What a deal! Please Addis, and this equally applies to many other manufacturers, no more clever manipulating of discount structures to try and suggest that we are achieving a high profit margin by buying large parcels when, in fact, the profit is low, the stock level high and the only ones laughing all the way to the bank are yourselves. Remember 20 per cent of nothing is . . . nothing! ■

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Unichem campaign to explain wholesalers' 'vital role'

Unichem are launching an information campaign to explain the "vital role" of the pharmaceutical wholesaler in the community health care supply chain. The campaign has been prompted by the ignorance of this role displayed by doctors, civil servants and politicians when the recent £25m cut in the drugs bill was announced, they say.

Peter Worling, chairman of the National Association of Pharmaceutical Distributors, says of the campaign: "Anything that promotes a better understanding of the role of the wholesaler is a good thing."

It is aimed both at the public, through a tape to be broadcast on local radio, and also at MPs, journalists, DHSS officials and the British Medical Association, through an audio-visual presentation and/or leaflet.

The wholesale services described in the 8½ minute audio-visual programme are those offered by any "bona fide" wholesaler as exemplified by Unichem. The order and supply process is described in detail — the message is that the wholesalers' role is "vital" and irreplaceable if prescribed drugs are to reach the public with minimum delay.

The commentary states that without pharmaceutical wholesalers the availability of drugs to the nation would be "disastrously reduced" and the national interest would suffer. The audio-visual presentation cannot be made to back bench committees of MPs dealing with the Health Service for ethical reasons, but verbal presentations can and will be made and will be backed up by a "question and answer" type leaflet.

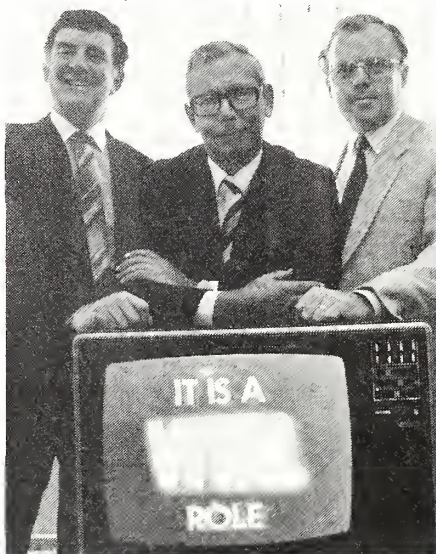
The first presentation in the campaign will be made to medical correspondents of national newspapers and journalist of medical publications on September 29. Unichem managing director Peter Dodd, David Walker, management services director and Bill Hart, assistant marketing director, will then conduct a series of meetings for Members of the House of Commons, House of Lords, British Medical Association and DHSS officials. The BMA and DHSS meetings will be held between November 22 and December 9, they say.

Peter Dodd says: "A lot of people regard pharmaceutical wholesalers as mere middlemen, not as organisations which provide an essential public service by getting drugs rapidly from the manufacturers to the chemists. It is clear from recent meetings I've had with

selected MPs and journalists that they are not aware of how medicines are distributed."

A 9½-minute tape has been syndicated for broadcast on 38 local radio stations. Unichem say play has been guaranteed on a minimum of 25 stations and probably more. It contains the views of pharmacist David Rosen, a GP, a depot manager and a van driver and is good "PR" for the chemist as well as the wholesaler, say Unichem.

"We have purposely tried to give Unichem a low profile on our audio visual presentation and tape because we want our campaign to benefit the industry as a whole," says Mr Dodd.



The Unichem team who are presenting the company's 8½ minute audio-visual programme on the "Vital role of the Pharmaceutical wholesaler," in an information campaign to explain the role of the pharmaceutical wholesaler. From left are Bill Hart, assistant marketing director, Peter Dodd, managing director, and David Walker, management services director

AAH turnover up 17pc to £60m

AAH Holdings — parent company to Mawson & Proctor Pharmaceuticals, Hills Pharmaceuticals and Hill-Smith (Warrington) — increased pharmaceutical turnover by 17.2 per cent to £60.3m in the year to March 31.

Trading profit reached £1.48m from the previous year's £1.38m. "Useful gains" are said to have been achieved in

the sales to both retail chemists and hospitals, although very high discounting continued to cause intense price competition.

Chairman W.M. Pybus gives the recent Government cutback on drug prices a cautious welcome. While it will inevitably hit pharmaceutical distributors' results in the current year, he feels the long term effect may be the adoption of "a more realistic pricing structure commensurate with the services provided".

The company as a whole recorded profits up 8.65 per cent at £9.37m, sales increased 8.8 per cent to £466m.

Better control puts Barclays in profit

Directors of Dixons — parent company to Barclay & Sons — say 1983 has shown "only a few signs of any re-emergence of realism in the pharmaceutical distribution market." They therefore attribute Barclays' recent return to profit (C&D July 30, p200) to stronger management and increased efficiency. Sales fell 8 per cent on the previous year, but operating costs were also lower — allowing Barclays to get back in the black.

"The results are even more satisfactory when viewed against the costs of closed depots which the division continues to bear, and the financing costs associated with the accumulated losses incurred in previous years," the directors conclude.

Company chairman Stanley Kalms also has praise for Barclays. "With a new team at the helm and with re-invigorated marketing, I see no reason why profitability should not be maintained" he says.

Mr Kalms also takes the opportunity to confirm Dixon's position in the Sunday trading debate. While accepting the need to remove anomalies in the current legislation and to create a greater degree of flexibility at peak times or in certain areas, the company feels that general abandonment of the current controls would involve too high a social and economic cost, he says.

The processing division showed a loss in 1983 — the first time this has happened. It was another year of intense competition in this industry, with Dixon's sales falling 5 per cent to £10.9m.

The division is confident that rationalisation measures already underway will result in increased market share and a return to profit by next year.

Retail sales

The Department of Industry's July retail sales index showed a year-on-year increase of 14 per cent to 183 for chemists (NHS receipts are excluded). This compares with a 10 per cent rise to 167 for all businesses.

Hildreth acquisition and to extend sales distribution

Barclays' subsidiary Hildreth & Co have bought Southon Laboratories from LRC Industrial Holdings. This acquisition will enable Hildreth to extend their sales and distribution coverage to a nationwide level.

Southon's basic product range is very similar to that offered by Hildreth, although some 30 per cent of their business came from own-brand products.

Barclays managing director Mike Hennessy told *C&D* that Hildreth have been on the lookout for suitable acquisitions for the past six to nine months. Southon's similarities had made the company an obvious candidate, should the opportunity ever occur, he adds. In the end it was LRC who made a first approach on the deal.

H + S logo

The newly-formed company will trade as Hildreth-Southon, using an H + S logo. It is hoped this abbreviation will suggest a link with health and safety at work. The purchase is seen by Barclays as securing for Hildreth-Southon a "significant share" of the occupational health care market — as well as providing a wider base for further expansion.

Hildreth now claim "one of the most comprehensive product ranges in the industry." All distribution and administrative services are to be based on Hildreth's existing site at Selly Oak, Birmingham.

ICI open £3m medicines plant

ICI last week opened a new £3m medicines development plant at their Macclesfield works. This brings the site's current £10m capital spending programme close to completion.

Works manager Arthur Dicken explains that the idea is to modernise and expand ICI's capacity for the rapid and safe production of pilot development quantities of new drugs.

The company points out that while, a few years ago, about 20g of a new substance would be enough to satisfy research needs over several years, the increased complexity of medicines testing now means as much as 300g may be needed.

ICI's research is directed mainly towards treatments for cancer, arthritis, systemic infections and metabolic, gastrointestinal and nervous disorders.

The new plant was officially opened by Dr Stan Birtwell, a former head of production and process development at Macclesfield.



Pharmacist Shirley Hopkins and husband Windsor (left), winners of a luxury cruise to the Canary Islands in an Agfa 100 print film promotion, are congratulated by Northern area sales manager, Bill Innes. The Hopkins' pharmacy is in Barton-on-Humber

Consumer confidence to weaken in 1984

The past year's recovery in the UK economy is unlikely to continue, with 1984's increases in consumer spending not matching gains recorded this year.

"Rather consumer confidence is likely to weaken through 1984, as it becomes clear that the fairly insipid recovery has failed to curtail rising unemployment, and with inflation clearly on an upward spiral," conclude the Henley Centre for Forecasting in their latest report.

They foresee an increase of just over 2.5 per cent in real disposable income this year, with 1984's quarterly increases being somewhere between 1.5 and 2 per cent. Despite some upturn in the rate of increase of real wages by this time, inflation is likely to be several percentage points higher. *Planning Consumer Markets Autumn 1983, Henley Centre for Forecasting, 2 Tudor Street, London EC4.*

Celltech link with Sankyo

Celltech have linked-up with Japanese drug manufacturers Sankyo in a deal designed to combine Celltech's research strengths with the Japanese company's talent for aggressive marketing.

Celltech believe they have found a way to mass produce two human hormones: tissue plasminogen activator (t-PA), which selectively dissolves blood clots and calcitonin. The company have cloned genes for each of the products and hope to develop commercial production

processes for them.

Sankyo have agreed to pay all of Celltech's research costs in bringing these products to the market. Should the hormones succeed, Celltech will also receive "very significant" licensing and royalty fees from Sankyo.

Celltech have also been courted by several American and European drug companies, and chief executive Gerard Fairtlough says he expects other deals to follow from these negotiations.

APPOINTMENTS

■ **British Tissues Ltd:** Nick Lewis is appointed senior national account manager. He was previously in a similar post with Smedley-HP Foods Ltd.

■ **LRC Products:** Lindsay Fallace is appointed marketing manager for new product development in the medicines and toiletries division. She joins from Huntley & Palmer where she worked as product group manager for three years.

■ **Regent Laboratories Ltd:** Stephen Willgress, MPS, is appointed production manager. He was formerly with Organon Laboratories.

■ **R.P. Scherer Ltd:** Stuart Maconochie, MPS, is to take over as managing director on October 1. At present marketing manager, he has been with the company 11 years.

■ **Winthrop Laboratories, Ireland:** Michael Duffy and Tom Brady are appointed regional managers.

■ **Wyeth Laboratories:** Dr J.F. Cavalla has been appointed vice-president, research and development. This follows the creation of a new research, development and medical division within Wyeth International.

New record for UK medicines exports

In June 1983 UK pharmaceutical exports hit a new monthly record total of over £108 million. This was 23 per cent up on the same month last year. Imports stood at under £40m, creating a positive balance of trade in medicines for Britain of some £68 million in June alone, says the Office of Health Economics.

However, deputy director, David Taylor, speaking at a health economics conference in Lille, France, this week, said that despite the trade surpluses produced by the industry in Britain and Europe, the OHE feared that government attempts to cut health and medicine spending throughout the European Community could harm the future

development of the pharmaceutical industry. The French government had recently imposed arbitrary price decreases for certain 'best selling' medicines, he said.

David Taylor warned that UK politicians should not unfairly blame family doctors — who prescribe 80 per cent of the NHS medicines — for raising health care costs when, in fact, unexpected rises in demand for primary services had been caused by reductions in hospital services, either due to strikes (as in 1982) or policy changes. He also dismissed suggestions that Britain's pharmaceutical spending could be cut by up to £200m a year as misleading nonsense.

OHE argues that there is a serious need for more health services research designed to measure accurately the costs and benefits of medicines to their recipients.

encouraging start to 1983. "The rest of the year is likely to be equally competitive," he adds, "but I expect Reckitt & Colman to continue to make satisfactory progress."

Sink or swim?

"The tide is turning, but keep your lifebelts on" is the advice to recession-hit companies from credit insurers Trade Indemnity. Business failure notifications from their policy-holders fell to 276 in August — 15 per cent lower than a year earlier. This is the second consecutive year-on-year decline, following July's drop of 2.5 per cent. Trade Indemnity's reaction is one of "guarded optimism".

Briefly . . .

■ **Fennings Pharmaceutical's** new telephone number is Horsham 53427.

■ **Unicliffe** have moved to Hurst House, 157 Walton Road, East Molesey, Surrey KT8 0DX (tel 01 941 6939).

■ **Salonpas UK Ltd** have moved to 134 Deptford High Street, London SE8. New telephone number is 01-692 3717.

■ **Society of Cosmetic Scientists** have moved offices to Marshall Chambers, Mill Street, Luton LU1 2NN (tel 0582 429933).

■ **Martindale Pharmaceuticals Ltd** have moved to Chesham House, Chesham Close, Romford, Essex (tel Romford 46033).

■ All correspondence to **Napp Pharmaceutical Group** (comprising Napp Laboratories, Bard Pharmaceuticals and Moore Chemicals) should now be addressed to Cambridge Science Park, Milton Road, Cambridge CB4 4BH (tel 0223 358888).

■ **Rockware Glass** have moved their head offices to Headlands House, Headlands Lane, Knottingley, Yorkshire WF11 0HP (tel: 0977 84651).

■ The Institute of Packaging is moving from its Stanmore headquarters on September 30. The new address will be Sysonby Lodge, Nottingham Road, Melton Mowbray, Leicestershire LE13 0NU.

assistant chief administrator to the Authority on "The Prescription Pricing Authority — past, present and future."

Advance information

American Express Company, Savoy Hotel, London, on Wednesday, October 5. Direct marketing seminar by Murray Raphael on "The Great Brain Robbery." Fee of £30 includes lunch and copy of Mr Raphael's book. Details from Sue Perry, American Express, Freepost, PO Box 98, Edward Street, Brighton, before September 26.

Industrial Pharmacists Group, Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN on October 6 at 10.30am. Meeting on "Trends in pharmaceutical packaging." Fee: PSGB members £15, non-pharmacists £30 (prices incl VAT). Applications to Mr R.E. Marshall by September 29 to above address.

European Organisation for Quality Control. "The relationship between in-process and end-product testing." Zurich Hilton Hotel, Switzerland on October 19-20 or 20-21. Fee Sfr 250. "Staff training in Pharmaceutical industries — why? how?" Movempick Hotel, Zurich Airport, Switzerland, on November 9-10 or 10-11. Fee Sfr 250. Hotel accommodation extra. Details from EOQC Pharma Section, PO Box 2613, CH-3001 Berne, Switzerland.

Institute of Packaging, Cambridge, on December 6. One day conference on "Product marketing technology." Registration and details from Institute of Packaging, Sysonby Lodge, Nottingham Road, Melton Mowbray, Leics. Telephone 0664 500055.

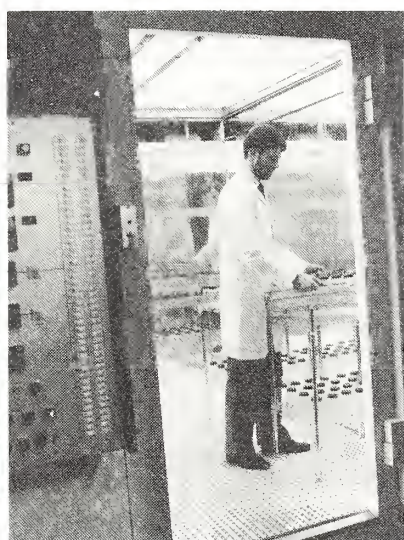
Guid of Hospital Pharmacists, St Christopher's Hospice, on December 7. Symposium on "Symptom control in the dying patient." Details from Miss D.H. Summers, St Christopher's Hospice, 51-53 Lawrie Park Road, London SE26.

British Institute of Regulatory Affairs, Pharmaceutical Society, 1 Lambeth High Street, London SE1, on December 8. One-day meeting on "Laws, legal liability and registration." Details from R.M. Howitt, 111 Watleys End Road, Winterbourne, Bristol.

Distributive Trades Economic Development Committee, St John's Hotel, Solihull, West Midlands, on Thursday, October 27. Conference on "Technology for retailers." Details from Ms C. Humphreys, National Economic Development Office, Millbank Tower, Millbank, London SW1. Telephone: 01-211 5045/3577.

■ The NPA labeller exhibition in Manchester will be open from 2pm to 9pm on September 20, not as stated last week.

Chemist & Druggist 17 September 1983



One of the new Fisons Scientific Equipment growth rooms designed for genetic engineering and biotechnology. Key to the rooms is lighting, to ensure that any area is uniformly lit. Light intensity can range from 2,000 to 40,000 lux, and temperature from 15-35 deg C, with or without humidity control

Reckitt first half profits up 20pc

Reckitt & Colman's first half profits for 1983 are £40.73m — 20 per cent up on the equivalent period last year. Sales rose 4.3 per cent to reach £483.2m. When adjusted for disposals in 1982, however, the sales increase is 9.5 per cent.

United Kingdom sales were marginally down on 1982, but pre-tax profit was 6.1 per cent higher at 13.94m. Household and toiletry products did well in the UK, with pharmaceutical operations also continuing to enjoy good sales and profits.

Bearing in mind the generally low level of world trade, chairman Sir James Cleminson sees these results as an

COMING EVENTS

Monday, September 19

Epsom Branch, Pharmaceutical Society, Bradbury Medical Centre, Epsom District Hospital, at 7.45pm. "Trial by television" by television producer Mr J. Saltman — the role of the media in judging the pharmaceutical industry.

Plmouth Branch, Pharmaceutical Society, Derriford Board Room, at 8pm. Mr Stephen Axon, PSNC, on "NHS matters."

Tuesday, September 20

Chesterfield Branch, National Pharmaceutical Association, Postgraduate medical centre, Chesterfield Royal Hospital, Holywell Street, Chesterfield, at 7.30pm. Mr A.J. Smith, chief executive PSNC, and Council member PSGB, talks on "NHS negotiations — What is happening?"

Harrow Branch, National Pharmaceutical Association, Clinical Research Centre, Northwick Park Hospital, Harrow, at 8pm. Mr E.J. Downing, assistant secretary, NPA, on "Computers in pharmacy — the current state of the art."

Wednesday, September 21

Wirral Branch (and Birkenhead & Wirral Pharmacists Association), Pharmaceutical Society, Postgraduate medical centre, Clatterbridge Hospital at 8pm. Mr S.P. Edwards, head of biology, Mosslands Comprehensive School, Wallasey, gives a slide show and talk on "Wildlife in Australia." Open meeting, light supper available.

Somerset Branch, National Pharmaceutical Association, County Hotel, Taunton, Somerset, at 7.30. Dr D. Hopkin Maddock, vice president, PSGB, on "Public relations in pharmacy."

Thursday, September 22

Bath Branch, Pharmaceutical Society, Salisbury medical centre, General Infirmary, Salisbury at 7.30. Mr G. Appelbe, law department, PSGB, heads discussion of proposed new Code of Ethics and motions for Branch Representatives Meeting.

Birmingham Branch, Pharmaceutical Society, The Keys Club, Margaret Street, Birmingham, at 8pm. Dr G. Geddes,

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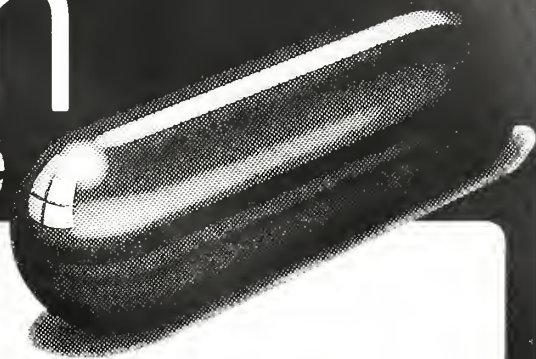
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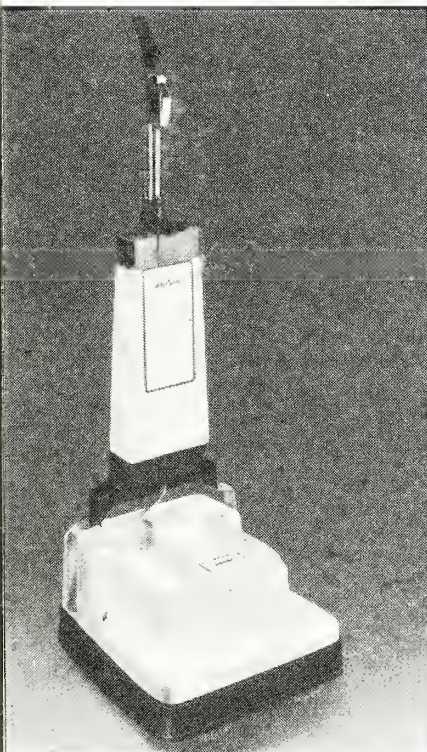


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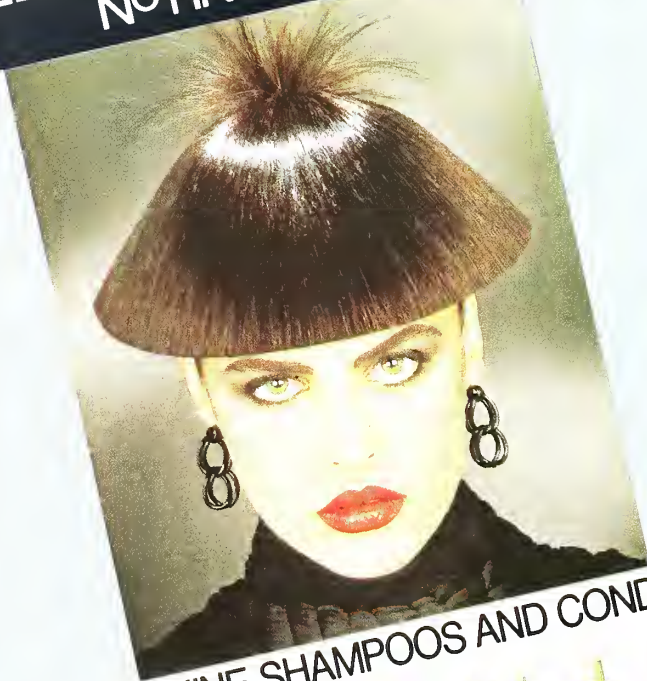
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NO1 FOR PROFIT Henara has the most comprehensive and exciting range of Henna products in the world. In support of our advertising campaign we are providing special offers across the entire range for orders placed in September. For details contact Henna (Hair Health) Ltd. or your local Henara representative or wholesaler.

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